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Country programme document

Uzbekistan

Summary

The country programme document (CPD) for Uzbekistan is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $19,295,000 from regular resources, subject to the availability of funds, and $13,500,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2016 to 2020.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2015.

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Programme rationale

1. Uzbekistan, with a child population of over 10 million, became a lower-middle-income country in 2010. Notwithstanding a reported decrease in national income poverty rates from 26.1 per cent in 2004 to 15 per cent in 2012, disparities remain high, particularly in rural areas and in Karakalpakstan, Kashkadarya and Surkhandarya regions, while social assistance provided to children and their families has been steadily decreasing in recent years.[1]

2. The United Nations Inter-agency Child Mortality Report[2] estimates under-five mortality at 43 per 1,000 live births, and infant mortality at 37, while the State Committee on Statistics (SCS) reports rates of 13.4 and 9.8, respectively. Infant mortality rates are higher in rural areas and among children from the poorest quintile, with the most prominent disparities found between regions.[3] The United Nations Maternal Mortality Estimation Inter-agency Group reported a maternal mortality ratio of 36 per 100,000 live births, while official sources reported an MMR of 20.

3. According to 2013 official data, child mortality has decreased. Nonetheless, neonatal mortality remains unchanged, with the leading causes including birth-related complications and neonatal infections. There is a high coverage of antenatal care and skilled attendants at birth in the country. However, a determinant analysis, carried out according to the Monitoring Results for Equity System (MoRES) methodology, indicated that high maternal and neonatal mortalities are related to supply-side bottlenecks in the quality of healthcare services. The Committee on the Rights of the Child stated in its 2013 concluding observations that the quality of maternal, perinatal and early neonatal care in Uzbekistan is inadequate.[4]

4. UNICEF global malnutrition estimates for 2008-2013 show that 20 per cent of children in the country are stunted and 4 per cent are underweight. A survey[5] found that 34 per cent women of reproductive age have anaemia. Data (2012) from the National Institute of Endocrinology show 32.5 per cent prevalence of iodine deficiency among the population, including children. According to a Knowledge, Attitude and Practice (KAP) survey contained in a 2011 Hygiene and Epidemiological Study on helminthiasis, less than 24 per cent of school-age children wash hands at critical times during the day, which is a key factor explaining helminthic infections affecting over 46 per cent of schoolchildren.

5. Poor childcare practices at home also constitute critical demand-side barriers to child survival and well-being, especially for children living in rural areas, where more traditional beliefs and less information prevail. A recent survey in two regions found that only 31 per cent of caregivers are able to recognize danger signs for child

[1] Cabinet of Ministers Decree # 350 appears to further reduce the scope/size of the social allowances, Dec 2012; UNICEF Uzbekistan, *Social Assistance for Low Income Families in Uzbekistan*, Jan 2013.

[2] United Nations Inter-agency Group for Child Mortality Estimation, *Level and Trends in Child Mortality*, 2013.

[3] Uzbekistan/UNICEF, Multiple Indicator Cluster Survey, 2006.

[4] United Nations, concluding observations on the combined 3rd & 4th periodic reports of Uzbekistan (CRC/C/UZB/CO 3-4), 2013.

[5] Global Alliance for Improved Nutrition, Report to Assess Results of National Flour Fortification Programme: Large Country-Lot Quality Assurance Survey Report, 2013.

health, 35 per cent have their children's hands washed after going to the toilet, and 39 per cent of children are exclusively breastfed.[6]

6. By 2010, women made up 38 per cent of persons registered with HIV, confirming a rising trend: by 2013, almost half of all new registered cases were among women and children, with vertical transmission of HIV now accounting for 3.4 per cent of all new cases.[7]

7. According to administrative data, 77 per cent of children aged 2-7 do not attend preschool. Household surveys found that children from the richest quintile and urban areas have much more opportunities for school readiness.[8] The enrolment gap between regions is as high as 47 percentage points.[9] The key bottleneck here is the limited capacity of the preschool system to reach all children with adequate quality services. Adverse social norms, household behaviours and beliefs contribute to low demand and enrolment in preschool.

8. National statistics show a 99 per cent gross enrolment ratio in basic education (grades 1 to 9) with no significant gender[10] difference. The quality of education is not always adequate, though: only 63.4 per cent[11] of children meet the national minimum learning achievement standard in basic education, with fluctuating regional gaps. Key bottlenecks are related to the uneven performance of the education system across regions: administrative data show that the lowest percentage of adequately qualified teachers is found in rural areas, which is reflected in poor learning achievements. In addition, children contracting water-borne diseases due to inadequate hygiene behaviours and lack of hygiene facilities in schools may drop out temporarily, while limited involvement of communities in the education process at household and community level is another barrier to education opportunities for children.

9. Children with disabilities (CWD) are either enrolled in special institutions or are home-schooled. Data from the Ministry of Health show that there were 81,120 children under age 16 registered with disabilities in 2012 — slightly more boys (54 per cent) than girls,[12] out of whom 20,447 live in residential institutions, which represent about half of the total number of children in institutions.[13] A significant bottleneck is the continued use in the country of a medical model that views disabilities as problems of individuals, rather than as a social model which focuses on creating an enabling and inclusive environment.[14] Due to this, CWD and their families are often stigmatized and hidden away from the public.

[6] KAP baseline assessment in 2 pilot region (Karakalpakstan, Namangan) on key childcare and development practices (UNICEF and Ministry of Health, 2013).
[7] Government of Uzbekistan, *National Report on Progress toward implementation of the declaration on HIV/AIDS*, 2014.
[8] Uzbekistan/UNICEF, MICS, 2006.
[9] Ministry of Public Education, 2013-2014 *Main indicators*, 2014.
[10] Government of Uzbekistan, Education Sector Plan 2013, citing MoPE.
[11] Ibid.
[12] UNICEF regional office, *Uzbekistan: Country Profile*, 2013.
[13] Ibid.
[14] Ibid.

10. According to official data,[15] there are about 24,672 children in residential institutions, 62 per cent of them boys. A 2014 study on children in institutions[16] showed that only 14 per cent were orphans, while more than half were placed in residential care due to socioeconomic difficulties faced by their families. The bottlenecks contributing to institutionalization are mainly related to a lack of a comprehensive combination of services that meets the needs of vulnerable children and families. The study also showed gender inequalities, including domestic violence, as driving factors.

11. Between 2006 and 2013 the recorded number of crimes committed by children aged 13-17 fell slightly, from 2,853 to 2,655 annually (93 per cent committed by boys). The key bottlenecks to overcome regarding justice for children, in order to effectively protect the rights of child victims and witnesses of crime in justice processes, include the need to enact new legislation, to have greater specialization of professionals, and to adapt court procedures.

12. The 2014 Country Programme Evaluation (CPE) found that the previous programme had successfully established an effective high-level dialogue on key child rights issues, such as, for example, child labour. This strategy, together with the attention given to the country's application to the Global Partnership for Education, resulted in progress made towards the elimination of forced child labour in cotton production: the 2013 official International Labour Organization assessment found no evidence of children under 14 harvesting cotton and, in 2014, no evidence of massive mobilization of children under 18.

13. The CPE also showed that technical assistance and evidence-based policy dialogue during the previous programme of cooperation had led to the formulation of the 2011-2015 Multi-year Immunization Plan, which contributed to increased financial sustainability, with the result that routine vaccines are now procured with Government funds. In addition, the last programme largely contributed to the design and adoption of the first Education Sector Plan 2013-2017. Evidence-based policy dialogue led to the Government's decision to prioritize Early Childhood Education (ECE) and allocate $500 million for the implementation of the 2015-2020 State Programme on ECE Development, and also resulted in the decision to freeze preschool parental fees, thus reducing access barriers for children living in poverty.

14. The CPE, however, highlighted that the previous programme's capacity-building strategies had largely focused on training of service providers and upgrading professional curricula and protocols, but neglected to simultaneously address systemic bottlenecks concerning monitoring and quality assurance systems, evidence-based decision-making and budgeting. The CPE recommended that the new country programme expand its capacity development efforts by gradually shifting away from training and by integrating policy dialogue and modelling of new managerial approaches, so that relevant social sectors would be better equipped to facilitate a holistic, effective and sustainable system change.

[15] State Committee on Statistics (SCS) data, TransMonEE 2014 (number does not to include 6,505 children temporarily placed in sanatorium-type boarding schools in 2013 according to the Ministry of Public Education).

[16] UNICEF-commissioned study covering Baby and Children Homes: Andijan, Fergana and Samarkand regions, 2014.

15. Finally, it was found that the work that the previous programme initiated in Communication for Development (C4D), aimed at promoting positive behaviours and social norms in family and community settings, had yielded limited results. The new programme will therefore focus on the improvement of existing systems and on enhancing outreach capabilities in an emerging middle-income context, so as to systematically and effectively promote behavioural change among caregivers and other immediate duty-bearers. This strategy will contribute to reducing barriers to the equitable realization of child rights in family and community settings in a more sustainable and efficient manner.

Programme priorities and partnerships

16. The overall aim of the country programme is to accelerate progress towards the realization of the rights of all children. Special attention will be paid to closing equity gaps by zeroing in specifically on tackling the structural determinants of deprivations faced by children living in rural areas within disadvantaged regions, and by focusing on CWD, children in institutions, as well as children and adolescents living with HIV and AIDS.

17. The country programme is aligned with key national policies and strategies, and will support the Government and civil society organizations (CSOs) in the implementation of the concluding observations of the Committees on the Rights of the Child and the Elimination of Discrimination against Women. UNICEF will specifically focus on strengthening national capacities for reporting to the Committee on the Rights of the Child and will provide technical assistance to key actors in charge of the oversight of national and subnational plans for the implementation of the concluding observations, and of the follow up to the Sustainable Development Goals related to children. UNICEF will also support the Government's efforts to ratify the Convention on the Rights of Persons with Disabilities.

18. The programme of cooperation seeks to achieve results for children at different stages of the life cycle, and will focus on selected outcomes of UNICEF's Strategic Plan 2014-2017 related to health, education and child protection, while mainstreaming cross-cutting components such as child rights monitoring and data for children and social inclusion, as well as promoting equity in budgeting and in resource allocation.

19. The programme was developed in conjunction with the 2016-2020 United Nations Development Assistance Framework (UNDAF), and contributes directly to the achievement of seven out of eight UNDAF outcomes, across four thematic areas: inclusive governance and rule of law; improving livelihoods; social inclusion; sustainable use of natural resources and preparedness for natural disasters.

Child health and well-being

20. Uzbekistan has taken measures to improve the health and well-being of women and children. Over the last decade, several reforms have been implemented to increase the efficiency and effectiveness of the health system, and reduce maternal and child mortality. Despite these efforts and the good coverage of maternal and child healthcare services, these have not yet resulted in a more equitable access or improved health status for the most vulnerable. A 2013 health facility survey confirmed the poor quality of the majority of maternity centres which

do not meet required standards. Key bottlenecks in the quality of health system still need to be addressed, as do barriers related to inadequate childcare practices.

21. The most critical bottlenecks are the remaining gaps in the normative framework, the low performance of health professionals in applying minimum service standards, and the weak monitoring and quality assurance systems. In addition, poor coordination between national and subnational levels, inappropriate budgeting and weak capacities of managers at subnational levels to assess and analyse barriers to equitable and quality service delivery, all create gaps between policy formulation and implementation.

22. The main barriers related to childcare practices are the prevalence of adverse social norms and traditional beliefs, as well as the low capacity of the health system to provide appropriate services, including counselling/consultation services to parents. Despite the progress in prevention of mother-to-child transmission of HIV, preventive and support services throughout the lifecycle remain weak.

23. This programme component will strengthen the decentralized health system, and enhance the capacity of district-level managers to identify bottlenecks, develop, implement and monitor local plans that can address equity gaps and improve the quality of services in two most deprived regions. Local improvement plans will address equity gaps and quality related to maternal and child health, nutrition, HIV and AIDS and water, sanitation and hygiene. UNICEF will support modelling to demonstrate how the health system can meaningfully evolve to reduce equity gaps in access and significantly improve quality of healthcare. International knowledge-sharing, policy advice and technical assistance will enable the revision of normative and regulatory frameworks, as well as the costing and budgeting of key maternal and child health interventions.

24. In order to address demand-side barriers related to caregivers' inadequate childcare and development practices, this component will focus on strengthening the home visiting system by developing new policies with requisite budgets, as well as by enhancing capacity of patronage nurses. UNICEF will provide policy advice and technical assistance for modelling home visiting plans, in two of the most deprived regions, which will include critical areas for home visiting interventions, such as exclusive breastfeeding, infant and young child feeding, knowledge of dangers signs for pregnancy and child health, early childhood stimulation and hygiene promotion. This will also support cross-sectoral commitments to address child violence and neglect. The model will be evaluated, costed and then used for scaling up and leveraging resources. In support of these efforts, C4D strategies will address care practices for the most vulnerable children.

25. This component will strengthen the existing health monitoring system, including developing real-time monitoring to generate evidence for policy development and health management and coordination. It will also work towards expanding the operating space to address adolescents' issues through policy dialogue and C4D interventions, and support to children/adolescents living with HIV and AIDS.

26. These interventions are linked to the national priorities for the development of new frameworks for quality, efficient and inclusive health care, as well as to the health care quality assessment system. UNICEF will work closely with the Ministry of Health, Ministry of Finance, their district departments and Khokimiyats, national

and international academic and research institutions, as well as relevant United Nations agencies.

Quality learning for all

27. Uzbekistan has made efforts to progressively realize the right to education for all, including with the adoption of the Education Sector Plan (ESP). The comparatively high public investment in the sector shows commitment to education. Children enjoy full access to education as a result of supportive legislation and a well-established network of schools. However, quality education for all remains a challenge.

28. The key determinants keeping the quality of education lower than expected in a middle-income country like Uzbekistan are a fact-based teacher-centred curriculum, the limited system of teacher development, the inadequate school management with a weak capacity to generate reliable educational evidence, and sporadic community and student participation in the education process.

29. It is also important to note that awareness of emergency preparedness and response is limited in the country. There is limited school-based emergency planning and many students and teachers are not aware of how to properly respond or mitigate risks. Most schools have been found to have major non-structural safety shortcomings, increasing vulnerabilities of children and staff.

30. The most critical bottlenecks for ECE are fragmented and incoherent policies and the rigidity of the education system, which inhibits the establishment of flexible and affordable quality alternative early education arrangements. Almost all existing programmes are too costly and not accessible to disadvantaged children. There is also limited understanding of the importance of preschool education in the family and the community.

31. The previous country programme focused on improving quality of preschool and school education, by introducing an alternative and affordable ECE programme with a curriculum based on contextualized Early Learning and Development Standards. In addition, the teacher training system was strengthened to include the additional workforce requirements, while child-friendly schools parameters were introduced as a basis for quality education. In-service and pre-service training systems were strengthened to promote child-centred teaching.

32. This programme component will continue to address important bottlenecks and barriers to equitable quality education, and to improve access for vulnerable children to affordable preschool education. In ECE, UNICEF will support the Government to develop three low-cost alternative programmes and evaluate these models to develop appropriate policies for early learning and school readiness. This will strengthen the synergies between policies, effective management and cooperation on one hand, and the expansion of services on the other, with the aim of reaching the most vulnerable and excluded children. In order to address sociocultural barriers to quality pre-primary and primary school education, UNICEF will support a comprehensive study of social norms and cultural beliefs and help to develop effective communication strategies to increase the demand for education services.

33. This component will also assist the Government in its efforts to reform the education curriculum, and develop more professional competency-based learning/teaching for teachers and school managers. UNICEF will support strengthening the

existing education monitoring system and its ability to measure whether system-level interventions do result in equitable learning outcomes for vulnerable children. A capacity-gap analysis will be conducted and an appropriate strategy mix designed to improve teacher recruitment, development and retention.

34. This programme component will also raise awareness and improve emergency planning and response practices in schools and communities. UNICEF will support the Ministry of Public Education to develop communication programmes to improve hygiene behaviour in schools. This will result in better health for children, help reduce absenteeism, increase learning outcomes, improve communities' health and empower children, especially those living in remote rural areas, to become agents of change.

35. This component is closely linked to key national priorities aimed at developing new frameworks for quality education and building a national assessment system of quality of education in accordance with international standards, as well as at promoting greater access to ECE. UNICEF will continue to support the Child-Friendly Schools principles, focusing on learning achievement, and will promote the use of Out-of-School Children Initiative methodologies to generate disaggregated data on children dropping out, children not attending preschool education and CWD.

Child protection

36. Important efforts have been made in building evidence on the placement of children in institutions and to comply with international standards for Justice for Children. Significant results were achieved in establishing a gate-keeping mechanism to address children's rights to protection. However, the child protection system still lacks a coherent national strategy that clearly identifies accountability structures and functions of Government agencies, establishes legislation, standards, statutory guidance and protocols, and stipulates procedures for service delivery through well-structured inter-agency and inter-ministerial linkages. Diversion mechanisms and alternatives to deprivation of liberty also need further development and implementation.

37. The main supply-side bottlenecks that hinder a functional child protection system is the fragmentation of the protection mandate among different line Ministries and the weak inter-sectorial coordination, and the lack of a well-coordinated and well-resourced child protection system involving various actors. Another bottleneck is the limited data availability on child protection-related issues. There is inadequate public data on abuse, violence and neglect, and no systematic means of identifying and supporting children at risk, or children who suffered such violations. Investigations and proxy data have indicated that violence against children is significant, but is underreported. Demand-side barriers to preventing the violation of these rights, and which need be addressed as a matter of priority, include community awareness on domestic violence and acceptance of corporal punishment.

38. A recent study[17] shows that, although some safeguards do exist, the main bottlenecks to promoting the participation, protection and reintegration of child victims and witnesses of crime are the lack of legislative framework and services. In

[17] Government of Uzbekistan/UNICEF, Analysis of compliance of national legislation with international standards related to Justice for Children, 2015.

addition, the absence of specialized professionals, including specialized judges to consider cases with involvement of children in all court proceedings, represent another set of bottlenecks.

39. This component will continue to provide high-level technical assistance to the Government, with a focus on policy development, system reform, and knowledge management at national level, and on monitoring childcare and protection gate-keeping systems at the subnational levels. UNICEF will make available the best technical expertise and practices to improve the legislative and normative frameworks for children in contact with the law, as well as to increase the capacity of the judiciary to apply child-friendly court procedures. In order to achieve a more functional child protection system, UNICEF will also provide technical assistance to strengthen the collection and analysis of child protection data that can help to develop and improve the legal, policy and regulatory frameworks.

40. As a lesson learned from the previous country programme, this component will foster a long-term and sustainable vision for a functioning child protection system, by linking it to the broader social welfare and social protection systems, with an emphasis on developing a deinstitutionalization strategy and preventing institutional placement. This component will also build inter-sectoral linkages with health and education to strengthen the capacity to identify cases of violence, neglect and abuse and address harmful practices and social norms.

41. Given that the majority of children in institutions are CWD, a situation analysis will be conducted as a foundation for country-level advocacy and inclusive programming. The analysis will be conducted from a multi-sectoral perspective to establish a baseline and is expected to result in increased knowledge and awareness about the situation and rights of CWD.

42. Being strongly rooted on evidence and firmly based on thorough analysis, this component will also encompass efforts to strengthening the child rights monitoring system, which will be applied as crosscutting strategy, and work synergistically with the other programme components.

Cross-sectoral

43. In order to achieve programme results, key programme strategies will include communication for social change to address social norms and sociocultural practices and beliefs that are harmful to children, and represent the main structural barriers to the realization of child rights. In addition, data collection and analysis for child rights monitoring will be strengthened to support cross-sectoral linkages, so that decision-making on children is increasingly based on data which are timely, reliable and sufficiently disaggregated and thus enable the identification of the most vulnerable children, and can form the basis for policy dialogue for child rights and equity among policymakers, and with children themselves. Finally, innovative solutions to overcome bottlenecks and barriers will be modelled to scale up improved services after proper evaluation. This will be accompanied by technical assistance and capacity development for an equitable and sustainable delivery of these services.

Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Child health and well-being	6 000	4 500	10 500
Quality learning for all	6 000	5 000	11 000
Child protection	4 525	1 500	6 025
Cross-sectoral	2 770	2 500	5 270
Total	**19 295**	**13 500**	**32 795**

Programme and risk management

44. This CPD outlines UNICEF contribution to results for children in Uzbekistan. It serves as the primary unit of accountability to the Executive Board. Accountabilities of managers at the country, regional and headquarters levels with respect to this country programme are prescribed in the organization's programme and operations policies and procedures and the internal controls framework.

45. Cross-sectoral linkages will be enhanced by mobilizing top-notch technical expertise in communication for social change, evidence generation and knowledge management, and emergency preparedness and response, in support to all relevant results across programme components. Intersectoral working groups will be established to ensure linkages across the three main stages of the life cycle, and to tackle cross-cutting issues such as disabilities, deinstitutionalization and HIV and AIDS. The country programme will evolve towards greater engagement on evidence-based dialogue and resource-leveraging, which are core roles in middle-income countries.

46. The limited availability of evidence may negatively influence decision-making and hinder proper measurement of results. The ongoing dialogue with line Ministries and the SCS will build on the significant progress made in 2014 that led to Uzbekistan re-joining the Transformative Monitoring for Enhanced Equity (TransMonEE) database after seven years, and will strive for further improving the access and quality of evidence and knowledge on the situation of child rights.

47. The 2014 CPE found that the scope for dialogue and action between the parties of the country programme of cooperation varies across child rights and priority areas. In view of the gains still to be made in the programme operating space, some priority results will require a longer time to be achieved, and therefore specific milestones will be monitored throughout the programme cycle to ensure that there is sustained progress towards programme goals. To this end, the country programme will make strategic investments in key knowledge areas, especially through child rights monitoring.

Monitoring and evaluation

48. A critical bottleneck to the equitable realization of children's rights relates to the features of national monitoring systems and accountability mechanisms. Though a long-term goal, the country programme will increasingly focus on enhancing managerial and quality assurance functions to facilitate quality improvement of social services and systematic focus on the most vulnerable. Data collection systems will be strengthened to foster the production of indicators and related data that are aligned with international standards, and where the quality of the information is enhanced, including with greater disaggregation and analysis.

49. National monitoring and evaluation systems will be strengthened through sectoral and inter-sectoral approaches. Partnership with United Nations agencies will be critical. The programme will be implemented in coordination with UNDAF results groups, thus ensuring coherence across United Nations agencies, in line with a flexible and context-specific application of the Delivering as One Standard Operating Procedures.

50. Through the use of a rolling Situation Analysis, the country programme will regularly track the situation of children and women and, based on the MoRES methodology, it will also track changes in the bottlenecks and barriers determining inequalities and measure progress against their elimination.

51. Each of the three outcomes will be evaluated once during the programme cycle, while annual and thematic reviews will be informed by periodic assessments. Selected impact evaluations will inform policy decisions for scaling up models that meet international standards and best practices that promote the best interests of children.

Annex

Results and resources framework

Uzbekistan-UNICEF country programme of cooperation, 2016-2020

Convention on the Rights of the Child articles: *5,6,7,12,18,19,20,23,24,26,28,29,32,33,36,37,39*

National Priorities:

- Sustainable Development Goals:1,2,3,4,5,6,10,11,13,16,17
- 2014-2016 Universal Periodic Review National Action Plan (NAP)
- 2013-2017 Education Sector Plan
- 2015-2020 State Programme on preschool development
- 2014-2018 State Programme on further strengthening reproductive health of population, maternal, children and adolescent healthcare
- 2013-2017 Strategic Programme on combating HIV and AIDS
- 2015-2018 NAP on prevention and treatment of helminthiasis among children
- Committing to Child Survival: A Promise Renewed; Scaling Up Nutrition; Global Partnership for Education

UNDAF outcomes involving UNICEF:

Outcome 1: *By 2020, equitable and sustainable economic growth through productive employment, improvement of environment for business, entrepreneurship and innovations expanded for all*

- Status of development and approval/endorsement of national Sustainable Development Goals and system of monitoring

Outcome 2: *By 2020, vulnerable groups benefit from an inclusive, financially sustainable and efficient social protection system*

- Public spending on social allowances as % of gross domestic product
- Share of social benefits in the structure of disposable income of families that receive social benefits
- Share of female-headed vulnerable households covered by social protection schemes

Outcome 3: *By 2020, children and women in need of protection are covered with comprehensive support in line with human rights standards*

- Number of children in residential care
- Availability of functional child protection gatekeeping system
- Availability of normative framework to provide comprehensive care and support to women and children at risk of potential domestic/gender-based violence

Outcome 4: *By 2020, all people benefit from quality, equitable and accessible health services throughout their life course*

- Percentage of health facilities (maternities, children hospitals and PHC facilities) in targeted regions applying World Health Organization (WHO)/UNICEF newborn and child survival standards[1] protocols
- Coverage by measles vaccine for children under 24 months

Outcome 5: *Continuous quality education as well as lifelong learning for all improved by 2020*

- Preschool gross enrolment ratio (2-7 years old)
- Compliance of monitoring and evaluation system of the quality of Early Childhood Education and Care with "State Requirements for Preschool Education"
- Proportion of students (grades 5 and 9) whose learning outcomes comply with the requirements of State Educational Standards

Outcome 6: *By 2020, rural population benefits from sustainable management of natural resources and resilience to disasters and climate change*

- 7% of rural communities in disaster-prone areas able to apply proactive disaster risk reduction activities (including through modern ICT) according to Hyogo and Post-Hyogo Framework for Action

Outcome 7: *By 2020, the quality of public administration is improved for equitable access to quality public services*

- Extent to which public institutions provide, use and assess quality data for evidence-based policymaking
- Extent to which data is accessible, including through open Government/open data national mechanism, and used by media and civil society organizations (CSOs) for public oversight

Outcome 8: *Legal and judicial reforms further ensure strong protection of rights, freedoms and legitimate interests of citizens*

- Percentage of criminal and civil court cases involving children in which courts apply child-sensitive procedures in line with adopted standards (in priority geographical areas)

Related UNICEF Strategic Plan outcomes: 1,2,3,4,5,6,7

[1] WHO/UNICEF standards: Effective perinatal care; Essential newborn care; Managing newborn problems; Newborn resuscitation; Home visits for the newborn child; Integrated Management of Childhood Illness; Hospital care for children; Expanded Programme on Immunization; Infant and young child feeding; Vitamin A supplementation for infants and children 6-59 months; Prevention of mother-to-child transmission antiretroviral therapy for HIV infection in infants and children; Adolescent HIV counselling and care.

UNICEF outcomes	Key progress indicators, baselines and targets	Means of verification	Indicative country programme (CP) outputs	Major partners, partnership frameworks	Indicative resources by CP outcome *(in thousands of United States dollars)*		
					RR	*OR*	*Total*
By 2020 mothers and children, especially the most vulnerable,[2] have access to quality healthcare services (individual and population based), including in emergencies	**Proportion of mother and child health care facilities correctly applying newborn and child survival standards** *Baseline: by 2015* (By regions and tracers[3]) *Target: TBD* **Proportion of children aged 2-59 months receiving medical care by General Practioner doctors according to approved protocols/standards** *Baseline: by 2015* (By regions and tracers) *Target: TBD* **Proportion of children aged 0-59 months with symptoms of pneumonia taken to appropriate health provider services[4]** *Baseline: by 2016* (By regions) *Target: TBD* **Proportion of mothers/caregivers in target (models) regions who practice recommended key behaviours:** a. Exclusive breastfeeding (under 6 months) b. Timely initiation of complementary feeding (6-12 months) c. Knowledge on danger signs for children (0-59 months) *Baseline for a b c: by 2016* (By regions) *Target for a b c: TBD*	Health Facility Survey KAP survey on household behaviours UNGASS (United Nations General Assembly Special Session on HIV/AIDS) report	1.By 2020, health managers have increased capacity to implement evidence-based and equity-focused district health system strengthening plans, including in emergencies 2. By 2020, national authorities have increased capacity to formulate evidence-based regulatory framework and budgets for key maternal, newborn, child and adolescent health packages of interventions 3.By 2020, health providers and communities have increased capacity to provide counselling and support to caregivers and children from pregnancy to adolescence	Ministry of Health, Ministry of Finance and their regional departments, sister UN agencies, GIZ	6 000	4 500	10 500

[2] ***Vulnerable children*** are children living in the most deprived rural areas of disadvantaged regions of Karakalpakstan, Kashkadarya and Surkhandarya, CWD, children in institutions, and children/adolescents living with HIV and AIDS.

[3] Tracers are dimensions of care with the most critical bottlenecks, i.e., normal delivery, case management and sick newborn care, management of pneumonia in hospital.

[4] WHO international standards for appropriate health provider service.

	Mother to child HIV transmission rate *Baseline: 3.4%* *Target: under 2%*						
By 2020, girls and boys benefit equitably from improved preschool education and enhanced quality of basic education including in emergencies	**Preschool gross enrolment ratio (GER) (2-7 years old)** *Baseline: 23.3% (regional gap: 47pp.)* *Target: 45%*[5] *(maximum regional gap: 27pp.)* **Proportion of school children (grades 5 and 9) whose learning outcomes comply with the requirements of State Educational Standards** *Baseline: 63.4% (regional gap: TBD[6]pp, gender gap: TBD pp)* *Target: 70% (regional gap: TBD 2, gender gap: TBD)*	Ministry of Public Education (MoPE) Statistical Yearbook	1.By 2018, MoPE has revised Early Childhood Education policy frameworks for improved access to equitable quality preschool services 2.By 2019, MoPE has increa capacity to deliver and meas learning in line with a competency-based curriculum 3.By 2020, local education authorities and communities are equipped with tools and skills to encourage demand fo quality basic education and preschool services 4.By 2020, line Ministries[7] are equipped with tools and skills to promote safe behaviour practices among children and communities before and during emergencies	MoPE, MoH, MinFin and Emergency Situations, State Committee on Statistics (SCS), Regional authorities, local education group	6 000	5 000	11 000
By 2020, the most vulnerable girls and boys, increasingly access prevention and response services to address violence, neglect and abuse	**Number of girls and boys admitted into residential institutions[8] (annually)** *Baseline: By 2015* *Target: TBD*	SCS official data Assessment of judicial practices	1.By 2020, Government has increased capacity to apply systematic approach in addressing child protection issues in line with international good practices 2.By 2020, justice professionals have increased capacity to manage cases involving children in contact with the law according to international standards	MoPE, MoH, Ministries of Labour/Social Protection, Justice, and Interior, Prosecutor General's Office, Supreme Court, Commission on Minors, non-governmental	4 525	1 500	6 025

[5] Currently GER disaggregated by gender is not available for preschool education in the country. UNICEF will work with the Government to ensure availability of data by the end of the CP.

[6] UNICEF is working with the Government to ensure reliable data on regional and gender gaps are available by end-2015.

[7] MoPE, MoH, MoES.

[8] Residential institutions: ***Baby homes*** are residential care institutions under the MoH for under 3 orphans and children left without parental care and children with challenges in psychophysical development. ***Mekhribolik homes*** are residential care institutions under the MoPE for 3-16 orphans and children without parental care. ***Children's towns*** are residential care institutions under the MoPE for 0-16 children left without parental care.

	Percentage of civil and criminal court cases involving children in which courts apply child-sensitive procedures in line with international standards[a] (in priority areas) *Baseline: by 2015* (By civil and criminal proceedings) *Target: TBD*		3.By 2020, education and health front line workers have increased capacity to identify children at most risk to suffer from violence and abuse and apply referral protocols 4.By 2020, authorities at all levels and CSOs have increased capacity to effectively contribute to child rights monitoring and reporting	organizations, subnational authorities, academia			
Cross-sectoral	Effective development, planning, coordination, communication, delivery and monitoring of country programmes results	Periodic reviews and evaluations of programme components	Tools, guidance and resources are available to the country programme for effective communication on child rights issues with all stakeholders Strategies to address cross-cutting issues related to child rights implemented Guidance, tools and resources to effectively design and manage programmes are available to UNICEF and partners		2 770	2 500	5 270
Total resources					**19 295**	**13 500**	**32 795**

[a] List of standards to be considered: specially trained judges; access to/presence of defence lawyer at all stages; independent legal representative/lawyer appointed for a child in a case of conflict of interest between child and parent/caregiver; timely completion of children's cases; in-camera court proceedings; conducive environment ensuring child/juvenile participation/expression of his/her views; use of language appropriate to child's age/level of understanding; prevention of child victim from having contact with perpetrator when giving testimony in court.

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United Nations Children's Fund
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Item 4 (a) of the provisional agenda*

Country programme document

Cambodia

Summary

The country programme document (CPD) for Cambodia is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $16,653,000 from regular resources, subject to the availability of funds, and $48,600,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2016 to 2018.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2015.

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Programme rationale

1. The children of Cambodia are growing up at a time of significant social and economic transformation. With average gross domestic product growth of more than 7 per cent since 2011, the country is moving towards middle-income status and full economic integration into the Association of Southeast Asian Nations. Cambodia continues its transition with increased emphasis on decentralization, better performance of systems, increased competitive capacities and expansion of quality services. Governance, human rights and corruption remain impediments to sustaining political stability, inclusive growth and development.

2. Under the National Strategic Development Plan 2014-2018 (NSDP), the Government is undertaking a reform agenda focusing on public financial management, public administration, the legal and judicial system and decentralization. Some notable results have been achieved but additional efforts are required to accelerate the reforms.

3. Transparency and accountability remain the primary challenges for public financial management, with weak social accountability and demand from citizens. Despite some recent budgetary increases, particularly for education, there is still insufficient budget allocation and execution in key social sectors. Despite existing guidelines and procedures for citizen participation in public decisions, particularly at subnational level, there are notable gaps in their application compounded by limited community involvement in development processes.

4. The rate of economic growth has contributed to a steep decline in poverty from 47 per cent in 2007 to 20 per cent in 2012.[1] However, around 3 million Cambodians still live in poverty, of whom 90 per cent live in rural areas. Around 40 per cent of the population of 14.7 million lives just above the poverty line, and is highly vulnerable to minor economic changes, natural disasters and other shocks.

5. A child living in the less populated and predominantly rural north-eastern provinces is more likely to be deprived in relation to education, health and living standards than a child living elsewhere in the country.[2]

6. The National Social Protection Strategy (NSPS) 2011-2015 was developed as a way forward for social protection system-building; however, the coverage of interventions is limited and highly fragmented, and is largely driven by external development partners. Social protection measures are required to build resilience among the poorest and most vulnerable families who face recurrent flooding and other natural disasters, as well as to mainstream disaster risk reduction into sector policies.

7. Cambodia is among the countries that have achieved significant progress towards most of the Millennium Development Goals. Nevertheless, several strategic challenges to child survival and development remain, including the need to: (i) increase access to and utilization of quality health services, early childhood education, basic education, water, sanitation and hygiene (WASH) and social protection services by poor, vulnerable and marginalized people; (ii) enhance

[1] Ly, S. and E. Aldaz-Carroll, *Cambodia Economic Update: Clear skies*, World Bank, October 2014.

[2] Oxford Poverty and Human Development Initiative, *Country Briefing: Cambodia — Multidimensional Poverty Index (MPI) At a Glance*, 2013.

complementarity among sectoral policy initiatives and; (iii) institutionalize multisectoral planning, delivery and monitoring of child-centred social services, particularly at subnational levels. In recognition of these challenges, the Government is promoting an integrated approach to ensuring infant and child survival, care and development through its multisectoral Early Childhood Care and Development National Policy and National Action Plan.

8. Among the significant achievements made in the past 15 years has been reducing the number of child deaths. Between 2000 and 2014, the under-five mortality rate decreased from 124/1,000 live births to 35/1,000 live births; and infant mortality from 95/1,000 live births to 28/1,000 live births. The majority of deaths are in the neonatal period, with 18 babies/1,000 live births dying in the first month.[3] There are significant geographical differences, with under-five mortality rates ranging from 18/1,000 live births in Phnom Penh to 118/1,000 live births in Preah Vihear province.[4] The dramatically reduced maternal mortality ratio, from 472/100,000 live births in 2000[5] to 170/100,000 in 2014,[6] is associated with the increased percentage of newborns delivered in health facilities.

9. Child and maternal mortality rates remain high in some parts of the country due to financial barriers to health services, staff shortages, poor quality public health services, a poor hygienic environment, harmful cultural practices and frequent unavailability of essential medicines, vaccines and supplies. The lack of regulation of private health services has also contributed to the poor quality of health services.

10. Globally, undernutrition is considered the underlying cause of 45 per cent of under-five deaths and 20 per cent of maternal deaths.[7] Rates among children under five continue to be high, with 32 per cent stunted, 10 per cent wasted and 56 per cent anaemic.[8] Stunting is more common among children whose mothers never attended school, those living in rural areas, particularly in the northeast, and those in the lowest wealth quintile.[9] One in five Cambodian women are underweight.[10]

11. A lack of progress in nutrition indicators is partially explained by stagnant trends in some determinants of nutrition, including diarrhoea prevalence, improper complementary feeding and inadequate improved WASH practices. The reasons for a recent decline in breastfeeding rates and the nature of inappropriate infant feeding patterns remain unclear and further research is required to ensure effective interventions.

12. The proportion of households with access to safe drinking water has increased to 54 per cent in 2013, from 49 per cent in 2005. Although households using an improved sanitation facility increased from 34 per cent to 52 per cent over the same period,[11] there is a wide variation between urban and rural areas, at 87 per cent and 38 per cent, respectively.[12] About 45 per cent of households have no toilet and

[3] Cambodia Demographic and Health Survey (CDHS) 2014.
[4] CDHS 2010.
[5] CDHS 2000.
[6] CDHS 2014.
[7] *Lancet*, 2013.
[8] Ibid.
[9] Ibid.
[10] Ibid.
[11] Cambodia Socio-Economic Survey (CSES) 2013.
[12] Cambodia Inter-Censal Population Survey, Final Report, 2013.

practice open defecation, including non-poor families.[13] Stronger integration of WASH with other sectors is an important strategy for improving the survival and development of children. Additional bottlenecks that should be addressed include: (i) the cost of technology and limited choices, particularly for poorer households; (ii) weak monitoring systems; (iii) lack of knowledge among local authorities of the health and nutrition benefits of improved WASH; and (iv) limited private sector participation in service provision.

13. HIV prevalence is estimated to have decreased from 1.1 per cent in 2006 to 0.7 per cent in 2013.[14] Coverage of HIV testing in pregnant women and of antiretroviral therapy in HIV-positive pregnant women has resulted in a decrease in the mother-to-child transmission rate, from 25 per cent in 2005 to around 8 per cent in 2014. The Government recently introduced the Cambodia 3.0 initiative, which strives for the elimination of new HIV infections by 2020, and seeks to integrate prevention of mother-to-child transmission of HIV (PMTCT) with maternal, newborn and reproductive health, particularly at the service-delivery level.

14. Early childhood education is a government priority, with the enrolment rate for 3- to 5-year-old children increasing from 18 per cent in 2011 to 33 per cent in 2013. More than half of the 300,000 enrolled children are in government preschools, with the remainder in community or private preschools, or home-based programmes.

15. Cambodia achieved strong improvements in primary education between 2001 and 2013, with primary net enrolment increasing from 87 per cent to 98 per cent[15] (including private school enrolment), primary completion increasing from 49 per cent to 89 per cent, and reductions in gender and geographical disparities. Education quality is a concern, with less than half of pupils passing the standardized test on mathematics in Grades 3, 6 and 9, with marks for Khmer ranging from 53 per cent to 68 per cent in the 2013/14 school year. Only half of Cambodian primary schoolteachers are qualified; to improve learning outcomes, significant efforts must be made to address this bottleneck.

16. Children from poor rural families, children with disabilities and ethnic minorities are more likely to be excluded from, or to not complete primary school, with little difference between genders. The major barriers include the hidden financial costs of education, distance to schools in some rural areas, low teacher motivation, limited capacity of teachers, language of instruction and attitudes towards children with disabilities.

17. The gross enrolment rate in lower secondary school has remained below 60 per cent since 2007, mainly due to poor transition from primary school, a significant number of overage children enrolled in primary school and high dropout rates. The economic options offered with the growth of garment factories and the construction sector have meant a high opportunity cost for school at the lower secondary level. While the gender gap in lower secondary schools has been eliminated, regional and income discrepancies are high.

18. In rural areas, a lack of toilets in schools has been reported as a major determinant for school dropout among girls. Approximately 17 per cent of rural

[13] CSES 2013.

[14] National Center for HIV/AIDS, Dermatology and STDs, *Estimations and projections of HIV/AIDS in Cambodia, 2011-2015*, 2012.

[15] Education Management Information System 2013/2014.

primary schools did not have a toilet and 42 per cent were without a water supply in the 2013/14 school year.[16] Even where toilets are available, they do not meet the standards set by the national school health policy. UNICEF and partners will continue efforts to make school environments more child friendly.

19. While Cambodia has seen momentum regarding the introduction of laws to protect children and women, legislative enforcement remains a key bottleneck. Initiatives have begun to promote a systems-based approach to strengthening child protection to overcome the existing fragmentation of services and limited human and financial resources.

20. The birth registration rate was 62 per cent in 2010, a decline from 65 per cent in 2005.[17] Among the causes of low registration rates are informal fees, discriminatory legislation, a shortage of certificates and registering officers, lack of knowledge of the importance of birth registration and limited budget allocations.

21. Despite the government policy that institutional care should be a last and temporary solution, there has been an increase in the number of children in residential care from 6,254 in 2005 to 12,367 in 2014.[18] Seventy-seven per cent of children in residential care have been found to have at least one living parent. The major reasons families place their children in residential care include poverty, lack of social welfare support and access to education.[19] Many of the facilities are unregistered and efforts are under way to de-institutionalize children and reintegrate them into family care.

22. More than half of children have experienced at least one form of violence, with physical violence the most prevalent. In general, victims do not disclose abuse; and only limited attempts have been made to address social norms and practices to prevent and respond to violence and abuse.

23. Judiciary, police and legal aid reforms are under way to mainstream justice for children in the rule of law framework. With the anticipated passage of the Juvenile Justice Law, progress can be expected in reporting, complaints and monitoring mechanisms, and in alternatives to detention and restorative justice for children in contact with the law.

24. A key lesson from the 2011-2015 country programme is ensuring that programme interventions focusing on most vulnerable children are complemented by innovation, communication for development activities and broader national policies and strategies. As documented in a recent upstream evaluation commissioned by UNICEF, the impact of UNICEF programme support for multilingual education in target communities influenced its inclusion in the national Child Friendly Schools Policy and Master Plan.

25. Following the mid-term review of the current country programme, UNICEF initiated four interlinked strategic shifts: (i) improve sectoral programme integration and coordination; (ii) undertake progressive adjustment from a focus on coverage to quality of services; (iii) better targeting of the most disadvantaged population and strengthened support for local-level planning, budgeting, management and

[16] Ibid.
[17] CDHS 2005, 2010.
[18] Ministry of Social Affairs, Veterans and Youth Rehabilitation Inspection Report 2014.
[19] Study on Attitudes towards Residential Care 2011.

monitoring capacities, and; (iv) increased emphasis on community engagement and empowerment. The programmatic principles have been reaffirmed as essential for the 2016-2018 country programme.

Programme priorities and partnerships

26. In support of the Rectangular Strategy-Phase III and the NSDP 2014-2018, the country programme will support the Government to identify and overcome key bottlenecks that impede the realization of children's rights. The country programme will directly contribute to the three United Nations Development Assistance Framework (UNDAF) outcomes that focus on sustainable growth and development, sustainable and quality social services and protection, and more transparent and accountable national and subnational institutions.

27. UNICEF will prioritize support for strengthening systems and capacities of duty-bearers to effectively implement programme priorities as outlined in paragraph 32 below.

28. Five mutually reinforcing strategies will be prioritized: (i) generating data and evidence to inform policy change for children; (ii) strengthening technical skills and systems for delivery of quality social services; (iii) enhancing the institutional capacities within national and subnational government authorities for planning, budgeting, coordination and monitoring of social development; (iv) using innovation and communication for development to strengthen community resilience, demand for quality social services and safe family practices, and; (v) expanding partnerships with civil society organizations (CSOs), private sector and academia to create a strong alliance for child rights.

29. All UNICEF programming will incorporate actions to promote the resilience of children, families and communities, and to enhance emergency preparedness and response. A gender lens will be applied throughout all programming, addressing the barriers that undermine the realization of children's rights.

30. While the programme will operate nationwide, it will focus on the provinces, districts and communes that have the highest disparities and worst child development indicators, and will continue to intensify its focus on the most vulnerable urban families.

31. The programme will address many of the recommendations from the 2015 Concluding Observations of the United Nations Committee on the Rights of the Child on the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography, including strengthening the legislative and regulatory framework for alternative care institutions.

32. The country programme will be implemented through five sub-programmes.

Integrated early childhood survival, care and development

33. The programme aims to ensure that children under five and pregnant women have improved and more equitable use of early childhood survival, care and development interventions and practices, particularly in target districts.

34. It will support the National Committee of Early Childhood Care and Development and sectoral ministries to implement the National Action Plan 2014-

2018. To overcome the barriers that cause fragmentation, poor quality and unaffordable basic social services for disadvantaged families, UNICEF will support capacity-building of government ministries, officials and service providers in target provinces and districts to plan, budget and deliver adequate and equitable integrated early childhood development (IECD) services, in line with A Promise Renewed. Community participation in the planning and monitoring of social development will be promoted. Communication and parenting education resources will be developed to promote positive practices for child development.

35. The programme will focus on geographic areas with the lowest child development indicators, primarily in the north-east, and on the urban poor of Phnom Penh. UNICEF will prioritize technical and financial support to a selected number of districts where participatory monitoring will be introduced to promote community engagement and social accountability, and to generate evidence of the impact of the integrated approach to health, nutrition, water and sanitation, early learning, child protection and care.

36. Through technical assistance and funding to the Ministry of Health (MOH), particular attention will be given to HIV testing and care for mothers and children, maternal and neonatal tetanus elimination, integrated antenatal and post-partum care, community care for mothers and newborns and integrated management of child illnesses.

37. UNICEF will assist in the development and implementation of a national early childhood education (ECE) expansion strategy. Technical support will be provided for quality improvement and monitoring, including ECE curriculum revision, preschool teacher and director capacity development, and establishment of a national monitoring system. UNICEF will promote the functional transfer of community preschools to communes and explore the options for gradual phase-out of direct financial support to commune councils.

38. UNICEF will partner with the Ministry of Rural Development to provide technical support for the development of costed plans, and a monitoring and evaluation (M&E) framework for universal access to WASH. The focus will be on ending open defecation and ensuring health centres and schools have WASH facilities and systems that promote behaviour changes, as well as ensuring safe drinking water quality in arsenic-contaminated areas. UNICEF will support government leadership in emergency preparedness and response and co-lead the WASH cluster.

39. Under the umbrella of the Scaling Up Nutrition movement, UNICEF will support the implementation of the National Strategy for Food Security and Nutrition 2014-2018. UNICEF will support strategies for improving breastfeeding, complementary feeding, micronutrient interventions, family and community nutrition and management of severe acute malnutrition.

40. Support will be given to strengthen the civil registration system, including for birth registration, and will include innovative technology for outreach and facility-based registration and monitoring.

41. UNICEF will continue to assist the Government, as part of the United Nations Theme Group on HIV and AIDS, to strengthen the integration of PMTCT into the maternal and child health system, including accelerating the 'test and treat' strategy for mothers and infants in IECD districts.

Quality and inclusive education

42. The programme aims to ensure that children in Cambodia have improved and more equitable access to, and are able to complete quality inclusive education with improved learning outcomes.

43. Collaboration will be continued with development partners, including the Global Partnership for Education (GPE), for national strengthening of the Ministry of Education, Youth and Sport (MOEYS) for the planning, management and financing of education.

44. UNICEF will strengthen children's access to education by supporting the implementation of the Child Friendly Schools Policy in primary and lower secondary schools. UNICEF will assist the Government to institutionalize multilingual education in primary schools in five highland provinces through teacher training and development as well as accelerating specialized and inclusive education for children with disabilities. UNICEF will support training and innovative monitoring for remote schools.

45. UNICEF will continue to collaborate with non-governmental organizations (NGOs) to build the capacity of MOEYS for disaster risk reduction in schools, particularly in flood-affected provinces. In selected districts, the programme will support teacher and principal training on positive discipline, and improving the operation and maintenance of WASH facilities and good hygiene practices in schools.

46. UNICEF will support the ministry's teacher development reform, focusing on teacher competencies and motivation as well as mechanisms for measuring pupils' learning outcomes, especially in Khmer and mathematics.

47. UNICEF will support initiatives in selected districts to build community capacities and confidence to engage with local education authorities to promote more inclusive access, better education quality and transparency in the use of resources.

Protective environment

48. The programme will ensure that children who are vulnerable to and exposed to violence and those separated from their families are increasingly protected by the institutional and legislative framework, quality services and a supportive community environment.

49. A primary focus will be to support the acceleration of the government's deinstitutionalization programme for children in target provinces, focusing on strengthening of the planning, monitoring and oversight capacities within the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MOSVY) over residential care institutions. Advocacy to promote permanent guardianship and domestic adoption, deinstitutionalization of children and case management for those in institutions will be undertaken, along with modelling of family-preservation approaches and alternatives to institutional care.

50. UNICEF will closely work with the Steering Committee on Violence against Children, Ministry of Women's Affairs (MOWA), Ministry of Cults and Religions and international non-governmental organizations (INGOs) to develop and coordinate the implementation of a costed inter-ministerial action plan and

behaviour change campaign to address violence against children as well as to promote the role of religious leaders to prevent violence and unnecessary separation of children.

51. Collaboration will continue with the Cambodian National Council for Children (CNCC) and key ministries to review and update child protection legislation and associated regulations, under the 2014 Legislative Reform Agenda for Child Protection.

52. Technical assistance will be provided to key ministries to develop reporting, referral and response mechanisms on violence against children in schools, health centres and police stations, as well as interdisciplinary investigation procedures and child-friendly justice protocols. UNICEF will continue to support national efforts to develop an effective justice system for children and to strengthen the Partnership Program for the Protection of Children (3PC) to reduce fragmentation of child protection services, including in emergencies.

53. UNICEF will collaborate with INGOs and CSOs, particularly in urban settings, to implement interventions targeting high-risk boys and girls, particularly those vulnerable to exploitation, trafficking, substance use and HIV infection.

54. Technical support will be provided to social sector ministries to include child protection indicators and data-collection mechanisms in their monitoring and information systems.

Social inclusion and governance

55. The programme will ensure that child rights and equity are increasingly prioritized in social sector national and subnational policies, budget allocations, social protection systems and public discussions.

56. UNICEF will continue to provide technical assistance to the Ministry of Economy and Finance (MEF) in programme-based budgeting, and to social sector ministries and subnational administrations in budget formulation, execution and monitoring. Partnerships will be forged with parliamentary committees and CSOs to strengthen their knowledge of equity-focused social sector budgeting.

57. In collaboration with development partners, UNICEF will support the formulation of a child-sensitive comprehensive national social protection strategy and M&E system, including technical support for the development of tools to ensure the most vulnerable children are reached.

58. UNICEF will provide technical assistance to the National Committee for Sub-National Democratic Development (NCDD) for the design and implementation of a child-sensitive social accountability framework. Support will be provided for revising planning guidelines and training of subnational administrations to ensure participation in planning and monitoring, particularly for children, youth, women and socially excluded populations.

59. In collaboration with other development partners, technical support will be provided to the Ministry of Planning (MOP) to develop child- and equity-focused M&E systems, analyses and research. Child-centred dialogue will be strengthened with research institutions, the private sector and CSOs.

60. UNICEF will support inclusive policies for children with disabilities by introducing inclusion concepts and tools into the local governance processes, disability sensitization of subnational authorities, and supporting non-government disability support-providers to deliver quality services.

61. Technical assistance to the CNCC for monitoring the implementation of the Convention on the Rights of the Child and for preparation of the periodic State party reports to the Committee on the Rights of the Child will be provided. UNICEF will support line ministries to address the Concluding Observations of the Committee. UNICEF will also enhance partnerships with CSOs to strengthen their capacity to monitor child rights at national and subnational levels.

Programme effectiveness

62. In support of the four programmatic components, this outcome will ensure efficient and effective programme, financial and human resources management, enhanced external relations and partnerships, and monitoring and evaluation.

Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Integrated early childhood survival, care and development	6 200	19 100	25 300
Inclusive and quality education	1 500	17 500	19 000
Protective environment	2 800	9 000	11 800
Social inclusion and governance	3 200	2 000	5 200
Programme effectiveness	2 953	1 000	3 953
Total	**16 653**	**48 600**	**65 253**

Programme and risk management

63. The MOP will assume overall coordination of the country programme, delegating the coordination of programme components to line ministries. Under the leadership of the Council for the Development of Cambodia, an annual review of the UNDAF strategic management and achievements will be undertaken showing UNICEF contributions. UNICEF will work with relevant ministries and departments at national and subnational levels to ensure efficient and effective programme implementation. Annual or rolling workplans will be agreed with each partner and monitored through quarterly, mid-year and annual reviews.

64. A risk management strategy will be operationalized to mitigate the high risks to the achievement of programme results: diminishing development aid, weak capacity and coordination, corruption, limited transparency and accountability of partners, and the implications of the 2017 commune elections and the 2018 parliamentary election. Continued efforts to foster and strengthen partnerships with NGOs will ensure continuity of critical services and interventions for children, particularly in emergency situations. During emergencies, simplified mechanisms that allow quick activation of agreements and fast-tracking humanitarian response

when working with civil society will be adopted. The early warning and early action system will be systematically monitored to enable timely identification of and response to emergencies.

65. This country programme document outlines contributions by UNICEF to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at country level. Accountabilities of managers at the country, regional and headquarter levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

Monitoring and evaluation

66. The Results and Resources Framework will form the basis for monitoring and evaluation. The Three Year Integrated Monitoring and Evaluation Plan, complemented by a Costed Evaluation Plan, will define all priority monitoring, research and evaluation activities. Three key evaluations will be conducted: (i) Equity- and child rights-focused evaluation of the Government of Cambodia/UNICEF country programmes (2006-2010 and 2011-2015); (ii) Evaluation of the Education Capacity Development Partnership Fund programme — Phase II; (iii) Formative evaluation of the integrated approach to early childhood development.

67. UNICEF mid-year and annual reviews will be used to consolidate inputs for UNDAF monitoring and reporting. Through its zone office programme staff, UNICEF will promote joint programme monitoring visits at subnational levels in order to verify and discuss progress on the achievement of results. Given the short programme cycle, an in-depth second year annual review will be used to make necessary programme and strategy adjustments.

68. Through the government systems and in cooperation with the MOP, UNICEF will accelerate operationalization of the Monitoring Results for Equity System, especially in the north-eastern provinces. A selected set of determinant indicators will be used to monitor the reduction of bottlenecks to access to quality social services; and support for strengthening of existing national and subnational information systems in the selected districts will be provided.

69. UNICEF will continue to provide technical and financial support to the National Institute of Statistics for conducting national surveys, including preparations for the national census, the Cambodia Socio-Economic Survey and other major surveys, incorporating new indicators and targets from the Sustainable Development Goals.

Annex

Results and resources framework

Cambodia — UNICEF country programme of cooperation, 2016-2018

Convention on the Rights of the Child: Articles 6-7, 18, 24, and 27-28.
National priorities: Rectangular Strategy 5: Capacity-building and human resources development – Promotion of health and nutrition, strengthening and enhancing education, science, technology and technical training, development of social protection system, enhanced implementation of population policy and gender equity.

UNDAF outcomes involving UNICEF: Outcome 2: By 2018, more people, especially vulnerable, poor and marginalized groups are equitably benefiting from and contributing to affordable, sustainable and quality social services and protection and have gained enhanced skills to achieve and contribute to social and human development.
Outcome indicators measuring change that includes UNICEF contribution
2.3.1 Skilled attendance at birth; 2.3.2 Antenatal care coverage; 2.3.4 Percentage of HIV-positive pregnant women who receive PMTCT services; 2.4.1 Percentage of children aged 0-59 months stunted, disaggregated by sex, wealth and location; 2.4.2 Percentage of children aged 6-23 months living with their mother who are fed according to three IYCF feeding practices based on four+ food groups; 2.4.3 Percentage of families using any sanitation facility.

Related UNICEF Strategic Plan outcomes: 1-Health, 2-HIV, 3-WASH, 4-Nutrition, 5-Education, 6-Child protection

UNICEF outcomes	**Key progress indicators, baselines (B) and Targets (T)**	**Means of verification**	**Indicative country programme outputs**	**Major partners, partnership frameworks**	**Indicative resources by country programme outcome** *(in thousands of United States dollars)*		
					RR	**OR**	**Total**
By 2018, infants, children under 5 and pregnant women have improved and more equitable use of integrated early childhood survival, care and development interventions and practices, particularly in target districts.	Skilled attendance at birth Nationwide: B:75.12% T: 91% Mondul Kiri: B: 48% T: 70% Percentage of children under 5 with birth certificates: National B: 62% (2010) National T: TBD ECE enrolment for 3-5-year-old children National B: 33% (school year 2013/14) National T: 55% Percentage of children aged	MOH – Health Information System, CDHS 2014 CDHS 2014 Early Childhood Education and Development Annual Report Programme data	1. Service providers have increased knowledge, skills and communication capacities and provide women, newborns and children under 5 with better quality primary and maternal health care, and nutrition services, especially in target districts, including in emergencies. 2. Increased enrolment of children under 5 in quality	Social ministries and departments. Swedish International Development Cooperation Agency (SIDA), European Union (EU), Korea International Cooperation Agency, Australian Department of Foreign Affairs and Trade, United States Agency for International Development (USAID), Deutsche Gesellschaft für Internationale	6 200	19 100	25 300

	0-59 months wasted treated for severe and moderate acute malnutrition Katie: B: 6% T: TBD Mondul Kiri: B 4% T: TBD Percentage of households practicing hand-washing with soap at critical times. National B: 47% T: 15% above B Percentage of primary schools with latrines/water. National: B: 83% (toilets), 58% (water) T: 100% (both).	CDHS, 2014 Knowledge, Attitude and Practice survey 2010 Education Management Information System (EMIS) 2013/14	ECE programmes, particularly in target districts. 3. Improved and equitable use of safe drinking water, adequate sanitation, and improved hygiene practices in communities, health centres and schools, particularly in target districts, including in emergencies.	Zusammenarbeit/Bank aus Verantwortung (GiZ/KfW) UNFPA, WHO, FAO, WFP Red Cross World Bank (WB) INGOs GPE			
Convention on the Rights of the Child: Articles 28-30 **National priorities**: Rectangular Strategy 5: Strengthening and enhancing education, science, technology and technical training.							
UNDAF outcomes involving UNICEF: Outcome 2 (as stated above) **Outcome indicators measuring change that includes UNICEF contribution:** 2.1.2 Percentage of qualified primary education teachers; 2.1.3 Lower secondary school gross enrolment rate in four north-eastern provinces, disaggregated by gender.							
Related UNICEF Strategic Plan outcome: 5-Education							
By 2018, boys and girls in Cambodia have more equitable access to and completion of quality inclusive education with improved learning outcomes.	Results of standardized assessments in Grades 3 and 6 (boys and girls): (B: G3 54.1% Khmer and 48% maths; G6 52.5% Khmer and 42.8% Maths T: G3 56% Khmer and 50% maths; G6 54% Khmer and 45% maths) Gross enrolment rate for lower secondary education (boys and girls): B: 53.5%; T: 57.5% Basic education survival rate (boys and girls): B: 35.6%; T: 38%	Reports from MOEYS EMIS EMIS	1. Strengthened government capacity for policy development, planning and financing of quality education. 2. Increased access to inclusive basic education, particularly among indigenous minority children and children with disabilities, including in emergencies.	MOEYS EU, SIDA, USAID UNESCO INGOs GPE	1 500	17 500	19 000

Convention on the Rights of the Child: Articles 3, 9, 12-14, 19-21, 25, 34, 37 and 39-40. **National priorities:** Rectangular Strategy 5– Development of social protection system, enhanced implementation of population policy and gender equity.							
UNDAF outcomes involving UNICEF: Outcome 2: (as stated above); Outcome 3: By 2018, national and subnational institutions are more transparent and accountable for key public sector reforms and rule of law; are more responsive to the inequalities in the enjoyment of human rights of all people living in Cambodia; and increase civic participation in democratic decision-making. **Outcome indicators measuring change that includes UNICEF contribution:** 3.1: Level of follow-up and implementation by ministries of selected recommendations by United Nations human rights mechanisms and the Convention on Anti-Corruption Implementation Review Mechanism. 3.6: Existence of standardized minimum services for survivors of violence against women and children, in line with international standards, 3.7: Number of prisoners in pretrial detention, disaggregated by sex and age.							
Related UNICEF Strategic Plan outcome: 6-Child protection 7-Social inclusion							
By 2018, girls and boys vulnerable to and exposed to violence and those separated from their family are increasingly protected by the institutional and legislative framework, quality services, and a supportive community environment.	Proportion of children (0-15) in residential care reunified with family or in family placement, in last 12-month period B: TBD; T: 30% Percentage reduction in proportion of children who experience violence in the home setting in target provinces: B: TBD; T: 30%	MOSVY alternative care database and inspection reports Commune database MOWA records CNCC law compilation	1. Increased provision of quality and well-coordinated child protection services that prevent and respond to unnecessary family separation and violence against children, including in emergencies. 2. Increased access to and use by children, including adolescents, of age and gender-appropriate interventions to reduce risk and vulnerability, including to HIV, and promote healthy lifestyles.	MOSVY, MOWA, Ministry of Interior, CNCC, Steering Committee on Violence against Children USAID OHCHR, UN-Women, WHO INGOs 3PC partners	2 800	9 000	11 800
Convention on the Rights of the Child: Articles 4, 12-13, 23 and 26-27. **National priorities:** Rectangular Strategy 5– Development of social protection system, enhanced implementation of population policy and gender equity.							
UNDAF outcomes involving UNICEF: Outcome 1: By 2018, people living in Cambodia, in particular youth, women and vulnerable groups, are enabled to actively participate in and benefit equitably from growth and development that is sustainable and does not compromise the well-being, natural and cultural resources of future generations. Outcome 3: (as stated above) **Outcome indicators measuring change that includes UNICEF contribution**							

2.5.1 Percentage of identified poor households benefiting from social assistance programmes; 2.6.1 Selected social sector budget allocation as a proportion of total recurrent budget; 2.6.2 Social protection budget allocation as a proportion of total recurrent budget.							
Related UNICEF Strategic Plan outcome: 7-Social inclusion							
By 2018, child rights and equity are increasingly prioritized in social sector national and subnational policies, budget allocations, social protection systems and public discussion.	Number of disadvantaged children benefitting from social protection programmes (B: TBD, T: increase by 15%)	Budget law NSPS M&E system/administrative data	1. By 2018, social sector ministries have increased capacities to formulate, execute and monitor programme budget with equity focus. 2. By 2018 the national social protection system strengthened to address the needs of the most vulnerable children.	MOP, MEF, social sector ministries, Council for Agriculture and Rural Development, NCDD, CNCC EU, WB, GiZ UNDP, WFP, FAO, ILO NGOs Universities	3 200	2 000	5 200
Programme effectiveness							
Programme effectiveness	Percentage of outcomes and outputs that are annually reported as either on track or achieved: Outcomes: B: TBD (2015), T: >75% Percentage of evaluation recommendations implemented, closed and reported within 12 months of uploading. B: 100% ; T: 100%	UNICEF systems	1. Improved accountability for equitable results for children and women. 2. Key children's and women's issues are brought to the attention of target audiences for advocacy and resource mobilization.		2 953	1 000	3 953
Total resources					**16 653**	**48 600**	**65 253**

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United Nations Children's Fund
Executive Board
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8-10 September 2015
Item 4 (a) of the provisional agenda*

Country programme document

China

Summary

The country programme document (CPD) for China is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $38,535,000 from regular resources, subject to the availability of funds, and $98,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2016 to 2020.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2015.

* E/ICEF/2015/12.

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Programme rationale

1. China continues to grow economically and to expand its global role. With the world's second largest child population, China had an estimated 274 million children in 2013, representing 20 per cent of the country's total population and 14 per cent of the world's children.[1] In recent years, increasing commitment by the Government to equitable growth has generated tremendous progress in advancing the status of children: achievement of universal access to primary education, promotion of gender equality, reduction of infant and under-five mortality and poverty alleviation for urban and rural children. The Government has introduced child-focused concepts into critical governance documents, including the 12th National Five-Year Plan for Social and Economic Development (2011-2015), the Ten-Year Poverty Reduction Programme and the National Post-Disaster Reconstruction Strategy. The Government has also developed child-specific laws, policies and guidelines, such as the National Plan of Action for Children (2011-2020). However, the implementation of child-oriented laws and policies presents ongoing challenges, with the most vulnerable and impoverished children often unable to access quality public services and specialized programming.

2. Rapid urbanization and migration trends continue to impact geographic and regional disparities, posing challenges to the survival, development and protection of millions of vulnerable children. Between 2000 and 2011, the urban population rose from 36 per cent to more than 50 per cent of the total population. More than 200 million people have migrated to urban areas. With an estimated 36 million children migrating with their parents; 61 million children have been left behind in rural areas without the care of one or both parents. Nearly 2 million of these children live alone.

3. Under the country's system of *hukou*, a household registration is required to access public services; children living outside their registration area may face obstacles to gaining access. Moreover, many migrant children have inadequate and incomplete health insurance and vaccination coverage, and are unable to attend public schools. In addition, the increased tendency for older migrant children to enter the labour market leads to relatively higher drop-out rates among migrant children.

4. An estimated 25 per cent of children live in poverty-affected areas. The poorest and most disadvantaged children, confronted with multiple and overlapping inequalities, disproportionately live in rural and ethnic minority areas in the country's western regions, which are mountainous and remote. In these areas, poor quality public health services and access bottlenecks contribute to elevated under-five and infant mortality rates (IMRs). Children in rural areas face nutritional deprivations, with the prevalence of underweight and stunting in 2010 at 8 per cent and 20 per cent, respectively, compared with 1.3 per cent and 3.4 per cent for urban children. In education, overall enrolment rates are high: in 2013, net enrolment in primary education was more than 99 per cent, and gross enrolment rates in secondary education stood at 104 per cent and 86 per cent for the junior and senior levels, respectively. However, the school attendance rate for secondary rural children is low, at almost 60 per cent. The quality of education in rural areas is

[1] All statistics are from the 2010 National Population Census or other national sources, unless otherwise stated.

constrained by a lack of resources and capacity. Access to water, sanitation and hygiene (WASH) is similarly lower in rural, poor areas in western China, with 44 per cent of the population not using improved sanitation facilities in 2012, compared with 26 per cent in urban areas (UNICEF and the World Health Organization (WHO) Joint Monitoring Programme data).

5. There is growing attention to the issue of violence against children. In a 2005 UNICEF-supported survey, 55 per cent of respondents reported having experienced physical violence, 60 per cent reported having experienced psychological violence, and 26 per cent reported having experienced sexual violence before the age of 16. A number of initiatives are under way to ensure an environment that protects children from violence, abuse and exploitation, through a social protection system that promotes children's welfare.

6. Despite gains achieved, gender differentials persist. In 2012, the national sex ratio at birth stood at 118 boys for every 100 girls. National census data for 2010 showed that the IMR for girls exceeded that of boys. Sex differentials are also seen in other indicators. For example, census data indicate that rural parents are more likely to bring their sons than daughters with them to their place of migration, which results in only boys' benefiting from urban resources.

7. Promoting equity and reducing the disparities faced by children — between rural and urban locations, boys and girls, across regions, among ethnic groups, and according to age groups, disability and HIV status — is vital to ensuring the fulfilment of the rights of all children, particularly the most disadvantaged.

8. China faces a range of recurrent and major natural disasters, including floods, drought and earthquakes. Globally, China ranks among the countries suffering the greatest losses from natural disasters, in terms of both fatalities and economic damages. Natural disasters tend to have disproportionate and irreversible consequences, especially for children. During the devastating Wenchuan Earthquake in 2008, a significant proportion of those who perished were children. Moreover, psychosocial, social and economic shocks caused by disasters can have lifelong impacts on children.

9. Major lessons have emerged from UNICEF current cooperation that are relevant to the design of the new country programme. There has been validation of the critical relationship between "downstream" and "upstream" engagement in the middle-income country context of China, through the strategy of "from pilots to policy to results at scale". UNICEF has a long record of working with partners in China to contribute to the design of policies, standards and guidelines for nationwide application, based on evidence collected from pilot activities and technical studies. Key examples are the models developed of child-friendly spaces and child-friendly schools, universal hospital delivery and early childhood development (ECD). Once sound laws and policies are in place, pilot settings provide a critical venue to monitor and analyse the barriers, bottlenecks and success factors in the equitable implementation of policies, and identify the improvements, adaptations and capacity-building needed to ensure that interventions reach the most disadvantaged populations.

10. A further lesson concerns the transition from sectoral, relatively vertically organized interventions for children, to integrated, intersectoral approaches at the community level. China has successfully developed national programmes to address

critical needs such as for rural water supply and HIV and AIDS. However, experience has demonstrated the complexity of the conditions surrounding focused actions, and the potential to engage multiple sectors in addressing the relevant bottlenecks and barriers affecting children. Building on the current programme, opportunities are seen to incorporate actions for the prevention of parent-to-child transmission (PPTCT) of HIV within maternal and child health (MCH) and address HIV prevention along with other risky behaviours among adolescents; and to focus on critical needs for gender-appropriate sanitation facilities and improved hygiene practices in schools and health facilities. Combined efforts in nutrition and sanitation are similarly seen to generate greater results for children than efforts in each area alone.

11. The country programme spans a range of sectors responding to the situation and needs of Chinese children, strategically focusing on where the greatest value can be added through the development of knowledge and evidence, and its use to support advocacy for effective policies and their implementation in favour of children and vulnerable groups. The weight and mix of technical work continue to evolve in the light of the country's continuing rapid economic and social development.

12. UNICEF cooperation, while limited in financial terms in relation to the country's large population, geographic size and resources, is designed in the light of the organization's demonstrated comparative advantage, complementary to national and other international efforts. To make the greatest difference for children, UNICEF will continue to direct its actions to:

(a) Mobilize partners behind child rights, convene key actors and advocate for strengthened policies and programmes for children, particularly the most disadvantaged and vulnerable;

(b) Support local action and pilot activities to inform the development and implementation of new and strengthened policies, standards and guidelines;

(c) Facilitate knowledge generation and dissemination, best practices and innovative approaches;

(d) Promote multisectoral approaches to addressing children's needs; and

(e) Support improved monitoring systems and evaluations.

13. UNICEF continues to prioritize equity and gender equality in all areas of cooperation. In promoting the realization of rights for all children, particular focus is given to the most disadvantaged and vulnerable groups, including those living in poverty, ethnic minorities, children affected by migration and children with disabilities. The programme will work towards the elimination of gender discrimination and inequality at all levels, and for the implementation of gender-sensitive approaches. These efforts will become even more visible in the new country programme and will be mainstreamed in all areas of work.

Programme priorities and partnerships

14. The objective of the country programme is to increase the capacity of Government and other partners for effective action for the fulfilment of the rights of children and women, in the context of the National Plan of Action for Children

(2011-2020) and in accordance with the Convention on the Rights of the Child and its two Optional Protocols adopted in 2000, and the Convention on the Elimination of All Forms of Discrimination against Women. The country programme is aligned with relevant sectoral plans and with policies and programmes at provincial and county level. It has been prepared in alignment with the United Nations Development Assistance Framework (UNDAF) 2016-2020 and the activities of sister United Nations agencies. All programme components contribute to the three proposed UNDAF outcomes, in particular to Outcome 1: "More people, particularly the vulnerable and disadvantaged, enjoy improved living conditions and increased opportunities for economic, social and cultural development." The programme responds to the principles and elements of the UNICEF Strategic Plan 2014-2017.

15. UNICEF cooperation will focus on three strategic priorities, which will guide the main thrust of its operational programmes, knowledge generation and advocacy:

(a) Increasing access to public services, notably health, nutrition, HIV, WASH, education, child protection and child welfare, particularly for the most vulnerable and disadvantaged, including through promoting children's right to an identity and system strengthening;

(b) Child-sensitive social protection and the eradication of multidimensional child poverty;

(c) An integrated, intersectoral approach to early childhood development for children aged 0 to 3, with a focus on resource-poor settings.

16. These priorities will be pursued through an approach that emphasizes the reduction of disparities in coverage and the benefits of services, through the identification of barriers and bottlenecks to effective programme delivery and of actions to address them. The programme is guided by a theory of change resting on (a) the generation of evidence from pilot activities and wider knowledge to advocate for and inform the generation of strengthened policies, standards and guidelines; and (b) support to the implementation of these measures to benefit the most disadvantaged children, including through continued monitoring and feedback from pilot activities.

17. The programme is structured into five components, each consisting of two outcomes, as follows:

Health, nutrition and WASH

18. Within the framework of the Every Woman, Every Child initiative and related international agreements and partnerships, as well as the recently developed national Child Survival Strategy, this component aims to ensure that children and women, particularly the most disadvantaged, benefit from high-impact, quality interventions at minimum cost. Actions will provide demonstration experience and technical support towards (a) improved national policies for child survival and development, guided by results from sound research and monitoring systems; and (b) increased public demand for and access to services. Policy emphasis will be given to MCH, including PPTCT of HIV, nutrition, immunization, child injury prevention and sanitation and hygiene services, all of which will be supported by an effective integrated health management information system. In the area of nutrition, particular focus will be given to the promotion of breastfeeding, appropriate infant and young child feeding and micronutrient supplementation. Integrated approaches will help to

ensure maximum synergies between health, nutrition, WASH and HIV interventions to achieve results for children. Particularly in demonstration counties, the programme will focus on increasing the relevant capacities of policymakers and service providers, and of communities and families.

Education and child development

19. In alignment with the global strategy of Education for All and the Government of China 2010-2020 Education Plan for equity and quality, this component will contribute to ensuring that children in China, particularly the most vulnerable, including children with disabilities, have improved access to and complete child-friendly, quality and equity-oriented (*suzhi jiaoyu*) education. Key elements include development and testing of a costed child-friendly schools model in disadvantaged counties; piloting of social, emotional and mental health education strategies in primary and secondary schools, especially for migration-affected and ethnic minority children; demonstration of innovative teaching and learning and teacher training models; promotion of gender-sensitive WASH facilities and practices in schools; and development and testing of HIV- and AIDS-informed life skills curricula for adolescents in and out of school.

20. This component will also contribute to ensuring that all children aged 0 to 6, particularly the most disadvantaged, have improved access to affordable, quality early childhood care and development, through actions to: support the Government in the development of strategies for implementation of ECD quality standards and guidelines, including teacher training; promote ECD models and strategies for children aged 3 to 6; pilot innovative, integrated models of community-based ECD for the youngest children aged 0 to 3, and advocate for a national focus on integrated approaches to ECD for this age group.

Child protection

21. Expanding on significant progress achieved in recent years, this component will continue to support the development of an equitable and integrated child protection system that benefits all children in China. Support will be provided for the development and implementation of effective, gender-sensitive child protection and welfare related laws and policies, in line with international standards; and strengthening the capacity of government institutions at national and subnational level to provide equitable, quality and coordinated child protection services, including in the justice system. A key element will be continued support to the development of the workforce of social workers, including paraprofessionals. Emphasis will be placed on increasing the availability and use of disaggregated child protection data to inform planning, policy and programme development and budgeting.

22. This component will further contribute to ensuring that children benefit from a family and community environment that protects them from violence, abuse, exploitation and neglect, with particular attention to protecting girls and boys from violence and unnecessary family separation; and strengthening the quality and coverage of community-based child protection and welfare services with a focus on the most disadvantaged, including children affected by HIV and AIDS and by migration, and children in humanitarian situations. The programme will support the integration of these services into the child protection system.

Social policy and inclusion

23. Overarching the sectoral programmes, this component gives technical and policy focus to initiatives to ensure that children, particularly the most disadvantaged and excluded, benefit from equitable and inclusive poverty reduction and social protection systems. It will support the generation of evidence on multiple dimensions of child poverty and social exclusion, including gender inequality, HIV and AIDS and the impact of migration on children. Evidence and knowledge will be developed for use in policy dialogue, advocacy and local planning in all relevant sectors. They will strengthen government capacity to legislate and implement inclusive poverty reduction and social protection interventions, including cash transfer programmes.

24. The outcomes will contribute to the understanding of social sector budgets, providing evidence that will be used to advocate for increased investment in services that benefit children, and to promote effective, efficient and equitable finance for and governance of essential public services across all sectors. They will also include strengthening institutional capacity and governance for financing in favour of children. Innovation and South-South learning will be promoted to support governance reforms and help to ensure that national plans of action for women and children, essential public services, poverty reduction and social protection measures reach all children with the intended impact and results.

Cross-sectoral

25. The cross-sectoral component will support activities related to programme management and coordination, knowledge and advocacy, including coordination of multisectoral initiatives. It will support evidence-based advocacy to promote and fulfil child rights through public communication, strategic partnerships and coordination of knowledge generation among a wide array of stakeholders. This includes the use of digital media and innovative platforms and partnerships, as well as technical support for communication for development, with a particular focus on adolescents and the prevention of HIV. Technical assistance will be provided for local capacity strengthening and for studies, surveys, monitoring and evaluation.

26. A coordinated approach will support action in multiple sectors across the country programme, including a multi-hazard and child-centred approach to disaster risk reduction (DRR), addressing climate change and environmental risks, and emergency response focused on accelerating programme implementation. A major initiative with a focus on children aged 0 to 3 will be promoted for integrated early childhood development and will bring together activities in all programme sectors.

Implementation strategies

27. Particularly in the context of the country's size and immense resources, UNICEF and other international partners are able to maximize their contributions to overall coverage and benefits to children and vulnerable groups. This is achieved through support to testing new and innovative approaches that contribute to positive policy changes, initiatives and budget reforms which, when well implemented, benefit the most disadvantaged and vulnerable children. Across all sectors, support will be provided to pilot and demonstration activities, strengthening the capacity of service providers and communities, and increasing the capacity of families and children to demand and access services. Focus will be given to activities in selected

counties with disadvantaged populations, and to support to adolescents and other vulnerable groups. Barriers and bottlenecks will be identified and addressed in relation to (a) knowledge and behaviours, social norms and other factors influencing the demand for and access to services by families and communities; and (b) the equitable supply of quality services, especially through innovative and integrated cross-sectoral models to reach the most disadvantaged. The programme will actively work towards the elimination of gender discrimination and inequality at all levels, through targeted interventions combined with mainstreaming of gender-sensitive approaches.

28. Based on the evidence generated from pilot activities and related studies, surveys and research, and drawing on international experience, the programme will promote strengthened policies and build institutional capacity within the enabling environment. In the longer term, it will help to shift social norms through policy dialogue, advocacy and follow-up to implementation.

29. In recognition of the significant and growing potential of China to influence and assist development in other countries through its voice in global and regional forums, UNICEF will facilitate South-South cooperation, particularly with countries in Africa. This includes providing China with technical support in its role as a supplier of low-cost, quality supplies to other countries, both directly and through UNICEF supply channels.

30. The programme reflects the full range of UNICEF implementation strategies, with their mix and emphasis varying according to the situation, needs and opportunities in relation to different sectors and issues. Core strategies are capacity development; evidence generation, policy dialogue and advocacy, and partnerships, with priorities on South-South cooperation, innovation and support to integrated approaches.

31. UNICEF will continue to cooperate with the Government as its key partner. Its partnerships with Government continue to primarily rest with line ministries and coordinating bodies at the national level. UNICEF will cooperate with provincial- and county-level governments for pilot and demonstration activities in all relevant sectors. In the area of HIV and AIDS, for example, UNICEF will continue to cooperate closely with the State Council AIDS Working Committee Office (SCAWCO), the HIV Section of the Disease Control Bureau of the National Health and Family Planning Commission (CDC/NHFPC) and other key partners at national and subnational levels.

32. UNICEF will increasingly explore cooperation with civil society, particularly to accelerate shifts in social norms, family behaviour and demand for effective services. Expansion of digital platforms, including through social media, will be instrumental in this process. UNICEF also works with the private sector and corporate partnerships to promote innovation and mobilize resources in support of the country's commitment to children in China and globally.

33. Partnerships with national and international academic and technical institutions, which will work closely with the UNICEF team of technical experts, are critical for undertaking research and analysis, and developing and validating evidence to inform policies and their implementation for children. They are also essential for connecting China with the best global expertise and thinking.

34. In accordance with the UNDAF modalities all programme components are linked to, and contribute to the relevant thematic and working groups, and relevant Global Programme Partnerships. UNICEF will coordinate closely with WHO and the United Nations Population Fund (UNFPA) on issues related to MCH, nutrition and sanitation. UNICEF coordinates with the World Bank in these areas, with cooperation foreseen under the new Global Financing Facility in support of Every Woman, Every Child. UNICEF will work with the United Nations Educational, Scientific and Cultural Organization (UNESCO) on issues related to basic education and early childhood development. UNICEF will also work with UN-Women (the United Nations Entity for Gender Equality and the Empowerment of Women) to ensure effective coordination of gender-specific elements of the programme and application of gender-sensitive approaches. HIV and AIDS issues will be coordinated together with the Joint United Nations Programme on HIV/AIDS (UNAIDS), UNFPA and WHO. UNICEF and UNFPA jointly collaborate with the National Bureau of Statistics to strengthen national statistical capacity and improve the quality and coverage of data on children and women.

Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Health, nutrition and WASH	8 035	30 000	38 035
Education and child development	8 000	25 000	33 000
Child protection	7 500	20 000	27 500
Social policy and inclusion	7 500	12 000	19 500
Cross-sectoral	7 500	11 000	18 500
Total	**38 535**	**98 000**	**136 535**

Programme and risk management

35. The proposed programme builds on the strengths and achievements of more than 30 years of partnership and effective programmes of cooperation with the Government of China, which have contributed to unparalleled progress for children in China. The programme continues to be well aligned with the country's national development priorities and with national sectoral plans and programmes. UNICEF will continue to be an active member of and play a leadership role in key United Nations thematic and working groups.

36. Management of the programme is results-based, in accordance with the corresponding government emphasis and as stipulated in the UNDAF. This approach facilitates inter-agency coordination through the mechanism of Results Groups for planning and programming, including participatory planning between the Government and multilateral actors of the United Nations system.

37. Strong partnership with the Government of China remains central to the programme and its ongoing success. From the Government, the Ministry of Commerce, the National Working Committee on Children and Women (NWCCW), the National Development and Reform Commission (NDRC), various line ministries

and organizations such as the All-China Women's Federation (ACWF) will be the key partners in planning and management processes. This arrangement will ensure full alignment with national priorities and the identification of challenges, as requested by Member States in the quadrennial comprehensive policy review of operational activities for development of the United Nations system. Regular monitoring and review processes with these partners form the key mechanism by which risks are identified and managed in the country programme. The cooperation will continue to focus on developing and leveraging key areas of technical expertise, and maximizing the use of strong government information and management systems wherever possible.

38. UNICEF will continue to use the harmonized approach to cash transfers as the mechanism for management of programme financial resources, through the reimbursement modality. UNICEF workplans will be further integrated with the workplans of government partners to ensure financial sustainability. National audit systems will be engaged to support programme and financial assurance activities. Efforts will continue to be made to strengthen accountabilities, particularly at subnational level.

39. As the country's national resources continue to grow, UNICEF will use its available regular resources to fund core programme and essential inputs for priority strategies and interventions. The wider implementation of the country programme will be supported by other resources, which will be developed through three major channels: (a) partnerships with the UNICEF National Committees and, through them, with corporations that wish to develop their corporate social responsibility (CSR) profile in China; (b) engagement with global alliances and international foundations, and (c) expanding CSR partnerships in China, and the continuing promotion of cards and gifts. Building on the strong performance achieved to date, it is expected that the programme's funding needs can be fully met.

40. Monitoring systems will be maintained and strengthened for routine measurement of progress and results, in line with the indicators and targets contained in programme workplans. Close and regular communications with programme partners at national and subnational levels will continue to be critical as early warning mechanisms of implementation issues. Periodic review processes are in place with all partners to identify actions that may need to be taken to ensure programme quality, efficiency and effectiveness. These are supplemented by regular internal management monitoring and review processes.

41. Modest adjustments are being made to the programme management structure to ensure maximum alignment with its goals and resources. The new programme introduces a range of areas that require strengthened staff technical capacities, reflecting a risk to the achievement of planned results. To mitigate this risk, a comprehensive staff learning and development programme is being implemented. There are no changes to the location or operational procedures of the UNICEF country office.

42. This country programme document outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operational policies and procedures.

Monitoring and evaluation

43. A robust data and monitoring system to track progress, assess performance and support adaptation in different contexts is a key component of the UNICEF pilot project strategy to inform policymaking and guide the implementation of policies to benefit the most disadvantaged. Bottleneck and barrier analysis will be applied strategically to gain knowledge of constraints and how they are being addressed. In the framework of the Monitoring Results for Equity System, UNICEF will continue to collaborate with national statistical systems to improve the coverage and quality of disaggregated data and strengthen results monitoring. Within the health programme, a major element is the establishment of an integrated health management information system.

44. Systematic monitoring and analysis of the situation and rights of children and equity gaps is an essential, integrated element of the country programme. UNICEF will further strengthen its continuous analysis of the situation of children and women, with a focus on generating new knowledge, analysing and packaging information and communicating evidence for advocacy. The processes of knowledge generation and management are being addressed in an increasingly integrated manner, with the aim of strengthening national and subnational capacities and systems.

45. UNICEF will coordinate and work jointly with other agencies to monitor the implementation and results of the UNDAF, including the UNICEF contribution.

46. Information on emergency risks in relation to natural disasters is generated at county, provincial and national level through existing government channels. UNICEF and other partners are cooperating with the Government to further improve the timeliness and quality of disaster-related information and its analysis with a child focus.

47. The Integrated Monitoring and Evaluation Plan and annual planning will identify the mechanisms and instruments of the research, studies and evaluations to be carried out each year. From 2016 to 2020 at least three major evaluations will be conducted: (a) Evaluation pilot implementation of child friendly spaces; (b) Evaluation of the integrated maternal and child health project; and (c) Final evaluation of the integrated maternal and child health conditional cash transfers pilot. A range of other evaluations and assessments will be undertaken during the programme cycle to inform decision-making on scale up, programme design and policy adjustments, with an emphasis on strengthening national evaluation capacity.

48. In close collaboration with the Ministry of Commerce and coordinating partners, regular reviews of the programme will be carried out in order to identify progress, constraints and lessons learned, and to introduce any necessary adjustments.

Annex

Results and resources framework

China-UNICEF country programme of cooperation, 2016-2020

All UNICEF programme outcomes contribute to the three proposed UNDAF outcomes, in particular to Outcome 1: *"More people, particularly the vulnerable and disadvantaged, enjoy improved living conditions and increased opportunities for economic, social and cultural development."*							
UNDAF Outcome indicators, including those measuring change that includes UNICEF contribution, are to be finalized by end-2015.							
UNICEF outcomes	**Key progress indicators, baselines and targets**	**Means of verification**	**Indicative country programme outputs**	**Major partners and partnership frameworks**	**Indicative resources by outcome (in millions of US dollars)**		
					RR	**OR**	**Total**
1. Health, Nutrition and WASH							
Related UNICEF Strategic Plan Outcome(s): *1. Health, 2. HIV/AIDS, 3. WASH, 4. Nutrition*							
1.1 National policies for child survival and development (CSD)/ quality of services. By 2020, pregnant women and children, particularly the most disadvantaged, increasingly benefit from equitable national policies, guidelines and tools for, and innovative monitoring and evaluation of, high impact and quality interventions for survival and development (MCH, nutrition, WASH, immunization and child injury prevention).	Number of national policies and guidelines developed *Baseline*: TBD *Target*: TBD	Government documents	1.1.1 MCH. Increased evidence and policymakers' capacity to formulate and revise policies, guidelines and tools for high impact interventions for MCH, PPTCT of HIV and child and adolescent development, and support equitable delivery of quality services. 1.1.2 WASH (sanitation and	NWCCW NDRC NHFPC National Patriotic Health Campaign Committee Office (NPHCCO) SCAWCO WHO, UNFPA World Bank	**6.0**	**3.4**	**9.4**
	Number of provincial child survival strategies developed and incorporated into plans *(4/TBD)*	Government documents					

			hygiene). Increased evidence and policymakers' capacity to formulate and revise policies, guidelines and tools for pro-poor sanitation, promote public-private partnerships and support equitable delivery of quality sanitation services.				
1.2 Coverage and quality of services, demand and access. By 2020, pregnant women, children and their caretakers, particularly the most disadvantaged in UNICEF demonstration counties, have increased demand for and access to high impact and quality interventions for survival and development.	Percent of newborns registered within 3 days *(TBD/TBD)*	Surveys, routine monitoring	1.2.1 Health providers' capacity. Increased skills and capacity of health providers at national and subnational level to deliver evidence-based, standardized, high impact interventions for maternal and child survival, nutrition, immunization, PMTCT of HIV, hygiene and sanitation and adolescent health, and to mobilize local leaders and	NWCCW NDRC NHFPC NPHCCO ACWF	**2.0**	**26.6**	**28.6**
	Percent of pregnant women and children with minimal acceptable diet *(TBD/TBD)*	Surveys, routine monitoring					

			heads of facilities. 1.2.2 Community capacity and family behaviour and demand. Increased mobilization and engagement of households and community leaders for maternal, child and adolescent health promotion, immunization, injury prevention and sanitation and hygiene, and improved skills and capacity at household level.				
Total resources					**8.0**	**30.0**	**38.0**
2. Education and Child Development **Related UNICEF Strategic Plan Outcome(s):** ***5. Education***							
2.1 Child-friendly quality education. By 2020, children in China aged 6 to 18 years, particularly the most vulnerable, have improved equitable access to and complete child-friendly learning and *suzhi jiaoyu*-oriented education.	Number of schools implementing national (Ministry of Education, MOE) child friendly standards *(0/250)*	M&E reports	2.1.1 Child friendly schools pilot model. A comprehensive model of child-friendly schools developed, tested and costed in disadvantaged counties. 2.1.2 Social and	Ministry of Education UNESCO China Association for Science and Technology (CAST) National Centre for Educational Technology (NCET)	**5.0**	**16.0**	**21.0**
	Number of counties adopting life skills education package *(0/20)*	M&E reports					

			emotional learning. Comprehensive model of social and emotional learning and mental health developed and tested to support implementation of national standards and guidelines.				
2.2 ECD. By 2020, children aged 0-6 years, particularly the most disadvantaged, have improved access to affordable quality early childhood care and development.	National kindergarten enrolment rate *(67.5%/85%)* Number of ECD teachers in disadvantaged counties trained per year *(0/4,000)*	Education Management Information System M&E reports	2.2.1 ECD (3-6 years). Models and strategies developed and piloted to promote quality ECD for 3-6-year-olds, with a focus on disadvantaged groups. 2.2.2 ECD (0-3 years). Models of community-based integrated ECD for disadvantaged children aged 0-3 years piloted and assessed to inform scale up at national level.	Ministry of Education ACWF NWCCW China National Committee for the Care of Children (CNCCC) World Bank	**3.0**	**9.0**	**12.0**
Total resources					**8.0**	**25.0**	**33.0**

3. Child Protection **Related UNICEF Strategic Plan Outcome(s):** *6: Child Protection*								
3.1 Child protection system. By 2020, girls and boys in China, especially the most disadvantaged, increasingly benefit from an equitable and integrated child protection system, including in humanitarian situations	Number of laws and policies on child protection and welfare in line with international standards adopted or updated *(0 5)*	National records	3.1.1 Child protection related laws and policies. Enhanced capacity of national and subnational government counterparts to draft, review and revise gender-sensitive child protection and welfare related laws and policies in line with international standards. 3.1.2 Child protection and welfare services. Enhanced capacity of government institutions at national and subnational level to provide equitable, quality and coordinated child protection and welfare services, including child-friendly justice, to girls and boys and their families.	National People's Congress Ministry of Civil Affairs (MCA) Ministry of Public Security Ministry of Justice CDC/NHFPC NWCCW, ACWF, CNCCC China Disabled Persons' Federation (CDPF) SCAWCO	**5.0**	**11.0**	**16.0**
	Number of national protocols for prevention and response services for child protection developed and adopted *(4 8)*	National protocols					

3.2 Protective environment for children. By 2020, girls and boys in China, especially the most disadvantaged, increasingly benefit from a supportive community environment that protects children from violence, abuse, exploitation and neglect and promotes their welfare.	Proportion of target population in selected sites who understand and demonstrate non-violent behaviour towards children *(TBD/TBD)*	Surveys, monitoring reports	3.2.1 Behaviour change. Increased awareness, capacities and commitment of families, communities and Government in selected areas to address violence against girls and boys and unnecessary family separation, including in humanitarian situations. 3.2.2 Community-based services. Increased coverage and quality of equitable community-based child protection and welfare services particularly for the most disadvantaged, including those affected by HIV and AIDS and migration.	NWCCW ACWF MCA CDC/NHFPC CDPF	**2.5**	**9.0**	**11.5**
	Proportion of disadvantaged children in programme areas benefiting from protection and welfare services *(TBD/TBD)*	Monitoring reports					
Total resources					**7.5**	**20.0**	**27.5**

4. Social Policy and Inclusion **Related UNICEF Strategic Plan Outcome(s):** *7. Social Inclusion*							
4.1 Poverty reduction and social protection. By 2020, girls and boys, particularly the most disadvantaged and excluded, benefit from more equitable and inclusive poverty reduction and social protection systems, policies and programmes.	Number of subnational government poverty reduction plans containing commitment and measures to reduce child poverty. *(1/3)*	County poverty plans	4.1.1 Child poverty analysis. Strengthened capacity of Government partners to recognize and measure child poverty and disparities, and generate and use evidence to design, implement, monitor and resource child poverty plans. 4.1.2 Social protection policies. Strengthened engagement and enhanced capacity of Government partners to legislate, reform and implement inclusive social protection interventions that uphold the rights of girls and boys.	International Poverty Reduction Centre in China Leading Group Office on Poverty Alleviation and Development MCA Ministry of Commerce NWCCW, ACWF	**3.7**	**8.5**	**12.2**
	Coverage rate of girls and boys, particularly the most disadvantaged, benefiting from expanded *dibao (cash transfer system)* *(13%/20%)*	Administrative records, statistical reports					

4.2 Essential social services. By 2020, girls and boys, particularly the most disadvantaged and excluded, have increased access and utilization of effective, efficient and equitable essential social services.	National and subnational government expenditure on essential social services as a share of gross domestic product *(8.3%/10%)* Out-of-pocket expenditure as share of total health expenditure *(33%/<30%)*	Administrative records, statistical reports	4.2.1 Analysis for new and expanded policies. Strengthened capacity of government partners to conduct evidence-based policy analysis on child-focused essential social services, to ensure financing of new and expanded policies. 4.2.2 Technical support to existing policies. Increased capacity of government partners to apply child focused and gender-sensitive economic analysis and effective governance practices to design, scale up, sustain and evaluate existing policies for social services.	Ministry of Finance NDRC NWCCW World Bank Asian Development Bank	**3.8**	**3.5**	**7.3**
Total resources					**7.5**	**12.0**	**19.5**

5. Cross-Cutting **Related UNICEF Strategic Plan Outcome(s): 7. Social Inclusion/all other Strategic Plan outcomes**							
5.1 Knowledge, evidence and advocacy. By 2020, country and government leaders, policymakers and decision makers and other key stakeholders across society utilize robust knowledge and evidence to inform the development of equitable policies, programmes, public communication and advocacy to improve the situation of the most disadvantaged and vulnerable children and women.	Number of influential advocacy initiatives produced with engagement of young people, academia and the private sector *(TBD/TBD)* Number of DRR and preparedness plans established and practiced in pilot areas *(TBD/TBD)*	UNICEF and partner information systems	5.1.1 Public communication and advocacy. Key decision makers, informants, opinion leaders and the general public are better informed, more aware of and committed to promoting positive social norms and action in the best interests of the child. 5.1.2 Emergency preparedness/ DRR and response. Improved knowledge and capacity of public authorities, service providers and communities in identified disaster-prone areas to respond to emergencies, increase preparedness, reduce disaster risks, strengthen resilience and mitigate climate change impacts.	CCTV Xinhua News Agency ACWF, CNCCC National Bureau of Statistics National Disaster Reduction Center of China MCA China Center for Health Education Chinese Academy of Social Sciences	**7.5**	**11.0**	**18.5**

5.2 Integrated approaches to ECD. By 2020, children in China, particularly the most disadvantaged, benefit from multisectoral, integrated models to support early childhood development.	TBD	TBD	("Virtual" outcome, reflecting relevant outputs from different programmes.)	(Reference the respective programmes)	**0.0**	**0.0**	**0.0**
Total resources					**7.5**	**11.0**	**18.5**
Grand total					**38.5**	**98.0**	**136.5**

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Item 4 (a) of the provisional agenda*

Country programme document

Indonesia

Summary

The country programme document (CPD) for Indonesia is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $26,275,000 from regular resources, subject to the availability of funds, and $119,747,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2016 to 2020.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2015.

* E/ICEF/2015/12

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Programme rationale

1. This country programme is being developed at an opportune moment. The timely confluence of many factors in the external environment allows UNICEF to further its engagement as the strategic partner of choice for the children of Indonesia to reach their full potential. The Government's vision to improve people productivity and international competitiveness as a means to sustained economic growth requires intensive investment in the survival and well-being of the country's 81 million children (Census, 2010).

2. The recent launch of the Medium Term National Development Plan (RPJMN 2015-2019) has coincided with greater regional integration through the Association of Southeast Asian Nations (ASEAN) Economic Community, and a bolder global development agenda elaborated through the Sustainable Development Goals. Coupled with growing economic clout and strategic geopolitical positioning, this is now the country's moment. UNICEF cooperation will help the children of Indonesia to thrive in this environment.

3. Aside from the Asian financial crisis in the late-1990s, Indonesia has enjoyed sustained economic growth of 4 per cent to 10 per cent per year for several decades.[1] However, these gains mask considerable disparities. Rising inequality reflects rapid urbanization. Half of the population now lives in urban areas (National Socio-Economic Survey, SUSENAS, 2013). This has given rise to new risks and challenges, especially urban child poverty and children left behind. A narrow income distribution and high level of informal labour suggest there are many children at risk of falling into poverty; current social protection measures are inadequate.

4. Indonesia is a vast and diverse archipelago with challenges in transportation and access that have led the Government to prioritize "development from the periphery." A decentralized government structure, with a large share of public resources directly allocated to districts, each with its own planning, budgeting and governance structures, adds to the complexity. A 2014 evaluation concluded that the current programme has not yet taken full advantage of the potential that decentralization offers for children.

5. Indonesia is one of the world's most disaster-prone countries. Around 90 per cent of disasters result from hydro-meteorological hazards.[2] These risks are multiplied by the potential impacts of climate change. An increasing number of small- and medium-sized disasters continue to pose threats to children. Notwithstanding growing commitment by the Government to disaster risk reduction (DRR) in the RPJMN, there is minimal attention paid to reducing vulnerability and increasing participation of children and adolescents to be more resilient to shocks.

6. Inequities persist despite rapid economic gains and progress in key health indicators for children has slowed. Under-five mortality shows gradual improvement at 40 deaths per 1,000 live births, yet some eastern provinces show much higher rates (Demographic and Health Survey (DHS) 2012). National stunting rates remain high at 37 per cent (Basic Health Research Survey (RISKESDAS) 2013). Approximately 55 million people[3] nationwide (22 per cent) practise open defecation (World Health

[1] World Bank, World Development Indicators.
[2] National Disaster Management Agency, Indonesia <www.dibi.bnpb.go.id>.
[3] Also estimated as 32 million, using a different definition (RISKESDAS, 2013).

Organization (WHO)/UNICEF Joint Monitoring Programme (JMP) 2014), which contributes to the high stunting burden. Maternal mortality has increased to 359 deaths per 100,000 live births (DHS, 2012), sparking national debate.

7. There has been a rapid increase in the number of HIV/AIDS cases since 2000, with an estimated prevalence among 15-49-year-olds at 0.5 per cent (Joint United Nations Programme on HIV/AIDS, 2013). Efforts to prevent and respond to HIV/AIDS are accelerating, but Indonesia continues to experience a concentrated epidemic composed of multiple parallel and intertwined epidemics in different subpopulations.

8. Unequal economic development has contributed to the "double burden" of malnutrition, which is characterized by a high prevalence of both overnutrition and undernutrition. Further, non-communicable diseases now contribute to 58 per cent of all-cause mortality and morbidity (Institute for Health Metrics and Evaluation, 2013).

9. Challenges in the enabling environment for children include national policies and strategies that are not aligned with global standards, and not uniformly implemented countrywide. Increased government investment in universal health care (UHC) is encouraging, but should prioritize those with the greatest need.

10. In education, while Indonesia has made impressive gains, about 6.8 million school-age children are still out of school (SUSENAS, 2012). Furthermore, about 7 million children aged 3-6 years do not have access to any form of organized early care and education services (Ministry of Education and Culture, 2013).

11. The RPJMN 2015-2019 has set goals to improve equity and the quality of education at all levels. The key government priority is to scale up compulsory education from the current provision of 9 years to 12 years. The Government has allocated a substantial budget for education and enacted relevant regulations. Still, children aged 5-6 years from the poorest quintile are 40 per cent more likely not to have access to education services than children in the richest quintile. By age 18, 78 per cent of students from the poorest quintile have dropped out of school (SUSENAS, 2012). Improving school readiness through early childhood education programmes is crucial for improving quality and equity in education. Secondary education needs to focus on social inclusion, tolerance and adolescent empowerment.

12. Violence against children is pervasive: Forty per cent of students aged 13-15 years report having been physically attacked at school in the past 12 months.[4] Few children who have experienced violence seek help. Reliable and updated data on emotional violence, sexual violence and neglect are unavailable. Gender inequality and practices that discriminate against girls have resulted in high levels of child marriage (17 per cent for girls, DHS, 2012) and other harmful practices. Some studies indicate that both children and adults find violent forms of punishment acceptable.[5] Forty-eight per cent of girls and young women aged 15-19 years believe domestic violence is justifiable (DHS, 2012).

[4] WHO, in collaboration with UNICEF, UNESCO, UNAIDS and the United States Centers for Disease Control and Prevention, Global School-based Student Health Survey, 2007.

[5] Knowledge, Attitudes and Behaviours on Violence against Children: South Sulawesi Research Study, University of Indonesia, 2013.

13. The 2002 Child Protection Law, amended in 2014, and the RPJMN articulate an ambitious agenda for child protection. Despite these efforts, there are still significant legislative and policy gaps. Laws can be contradictory and policies tend to reinforce gender inequalities and discrimination.[6]

14. Complex public administration procedures and the lack of a mandated authority for child protection impede coordination and effective delivery of services for marginalized children.[7] Budgets are fragmented and laws protecting children are seldom enforced. Social work practice is limited to ad hoc remedial interventions, rather than comprehensive approaches.[8] It is estimated that more than 500,000 children are living in institutional care.[9]

15. Active involvement by Indonesia in the global Post-2015 Development Agenda discussions indicates strong recognition for the role of data in monitoring progress. A complex and decentralized environment contributes to data gaps that need innovative approaches to strengthen quality and timeliness. Numerous studies indicate harmful sociocultural norms that lead to poor behaviours and practices that influence child rights.

16. Despite these challenges, there are opportunities. The media environment continues to be vibrant and open. While television is still dominant, high rates of Internet and social media use, together with universal ownership of cell phones (1.2 subscriptions per person; United Nations, 2014), offer possibilities for communicating directly with communities and service providers in remote areas. Meanwhile, vigilance is required on potential cybercrime against children.

17. A nascent philanthropic sector is emerging in Indonesia, which is home to 74 million "middle class and affluent" consumers. That demographic is set to rise to 141 million by 2030 (Boston Consulting Group, 2013), and points to significant opportunities for mobilizing private sector resources in the new country programme.

Programme priorities and partnerships

18. Equity is at the core of the country programme, which aims to support Indonesia in the realization of rights for all children, as enshrined in the Convention on the Rights of the Child and articulated in the RPJMN. The programme will support Indonesia to monitor and measure progress against these rights via the child-focused Sustainable Development Goals, with an emphasis on the most excluded children. Through a combination of national and subnational engagement that employs catalytic funding, the programme will facilitate knowledge-generation and sharing, and provide capacity development and policy advice in line with the United Nations Partnership for Development Framework (UNPDF). In particular, support will focus on upstream modelling and replication through capacity-development at national and local levels in planning, evidence generation,

[6] Legal Protection from Violence: Analysis of domestic laws relating to violence against children in ASEAN states. Children's Legal Center for UNICEF EAPRO, 2015.

[7] Governance Indicator Framework Assessment for Indonesia. UNICEF EAPRO, 2014.

[8] Griffiths University, Australia for UNICEF Indonesia, 2014.

[9] A study on situations that affect family separation and the lives of children in and out of family care. University of Indonesia, UNICEF, Ministry of National Development Planning, and Department of Foreign Affairs and Trade, Australia, 2014.

operations research, evaluation and knowledge management, reflecting the use of limited resources for maximum impact.

19. As the new country programme coincides with the initiation of the Sustainable Development Goals, UNICEF will prioritize support to monitoring systems. Given the core equity agenda of UNICEF and the call of the United Nations for a "data revolution" to monitor the Goals for all population groups, UNICEF will support the systematic collection and use of disaggregated data. In doing so, the programme will build on advances made in monitoring the Millennium Development Goals.

20. Foremost as an implementation strategy is catalysing support for strategic alliances and social movements for the realization of child rights, to coalesce into a national coalition for the children of Indonesia ("the Coalition"). The Coalition will be built on existing national and subnational partnership frameworks to support a National Agenda for Children that will articulate the government's commitment to child rights. It is an aspirational approach, yet one that is achievable given current momentum.

21. As Indonesia grows and develops, new and evolving partnerships for children remain critical. The country's leading role in ASEAN and its position as a growing global player present increased opportunities for South-South cooperation. In order to leverage additional financial resources for UNICEF programmes in Indonesia and globally, UNICEF will strengthen partnerships with the private sector, including individual donors and corporate partners. Media will play a critical role in the Coalition to support programme advocacy. Social media and innovative platforms such as U-Report will provide children with opportunities to express their concerns and ideas.

22. The Government of Indonesia will remain the primary partner in the Coalition. Existing and new partnerships with United Nations agencies, bilateral and multilateral donors, international financial institutions, private sector and civil society will all be pursued. Strategies for evidence generation, knowledge partnerships and data collection will be key to supporting the Coalition as the normative mandate of UNICEF is bolstered through an active research agenda.

23. UNICEF cooperation in Indonesia will focus on developing national capacities to fulfil and claim rights for children. Efforts in evidence-based communication for development, social mobilization, advocacy, policy advice and strengthening of data systems will be central to this approach.

24. UNICEF will embrace opportunities to contribute to the transformation of gender roles in support of gender equality and in line with the Gender Action Plan 2014-2017. Systematically addressing the gender dimensions of child rights violations (such as child marriage) will be a key theme.

25. Recent Concluding Observations of the United Nations Committee on the Rights of the Child[10] provide important reminders of the child rights violations that deserve special attention, and are fully integrated in the programme.

26. The programme will maintain effective child-centred DRR through multisectoral links with policy, social protection and other risk management approaches aimed to

[10] Committee on the Rights of the Child, Concluding Observations on the combined third and fourth periodic reports of Indonesia, CRC/C/IDN/CO/3-4, 2014.

strengthen resilience. UNICEF will support policies and regulations that consider the vulnerability of children living in risk-prone areas.

Child survival and development

27. The **Child Survival and Development (CSD) Programme** will explore innovative ways of addressing the lack of progress in key health, nutrition, water, sanitation and hygiene (WASH) and HIV/AIDS indicators. Engagement will be expanded incrementally into emerging areas like non-communicable diseases, adolescent health and urban health.

28. UNICEF cooperation provides high-level technical advice for policy formulation and resource mobilization, develops capacity in evidence generation and scale up of innovations, and supports strengthened monitoring systems. Because of its field presence, UNICEF is well placed to support context-specific analysis, risk assessment and planning for locally driven solutions, using both government and community resources. The theory of change therefore involves the use of data-driven evidence and innovative models to influence local policies, planning and resource allocations for accelerating results for the most disadvantaged children. Monitoring equity and programme quality provides a feedback loop and enhances local accountability for results.

29. The programme will continue to support systems to deliver quality maternal, neonatal and child health services along the continuum of care from pregnancy to adolescence. This will be complemented by support to behaviour change and demand-side activities to enhance service utilization. For communicable diseases, there will be continued engagement in improving immunization systems, building capacity for the introduction of new vaccines, and supporting the scale up of HIV/AIDS, syphilis and malaria prevention and treatment services. UNICEF will focus on maternal nutrition, infant and young child feeding practices and behaviours, severe acute malnutrition, and micronutrient and food fortification, and will expand focus to address overnutrition and adolescent nutrition. Support for community-led sanitation, WASH in Schools and hygiene promotion will continue, along with support to national programmes and coordination mechanisms for WASH in rural and urban areas. Addressing social norms related to open defecation will support national efforts to achieve universal sanitation coverage. Through policy advocacy and socialization, the programme will support an enabling environment for drinking water and sanitation.

30. Programme integration will be strengthened through deliberate cross-sectoral linkages. Capacity development at province, district and health centre level, and strong engagement with the roll-out of UHC will improve planning, resource allocation and monitoring for equitable health, nutrition and WASH services.

31. UNICEF will leverage its strong partnerships and convening role to continue to support an integrated approach to address broader health system bottlenecks. For example, as the recently appointed donor convener for the Scaling Up Nutrition (SUN) Movement, the organization will promote a multi-stakeholder and multisectoral approach to address malnutrition.

Education for early childhood and adolescent development

32. While the Government is addressing cost barriers to schooling by scaling up compulsory education to 12 years and providing cash transfers to an estimated 20 million school-age children through the Indonesia Smart Card, the **Education for Early Childhood and Adolescent Development Programme** will support this agenda by addressing barriers to access and quality of early learning and school-based education. Key programme priorities will be quality community-based early learning services, improved learning outcomes in early primary grades, development of models for the transition of adolescents to secondary education, and relevant education for adolescents to face challenges, including violence, child marriage and early pregnancy.

33. Culturally and developmentally appropriate learning materials will help to empower children as learners, while on-the-job training, networking and supportive communities will empower teachers as professionals. Improved accountability of schools will empower parents as key stakeholders, and appropriate policies and tools for quality assurance will empower educators to fulfil their duties towards children's right to an education. Key strategies include evidence generation, knowledge-sharing, capacity building and innovation. One lesson learned from past cooperation has been that, in the highly decentralized context of Indonesia, the promulgation of national policies and programmes is insufficient to bring about local level changes. The programme will therefore focus on developing an enabling environment and supporting implementation capacity at the local level.

34. The geographic focus for modelling will be the remote and rural districts of eastern Indonesia for early childhood and primary education programmes, as well as selected districts from other parts of the country with low enrolment rates in lower secondary education. Findings will inform scale up in other parts of Indonesia.

Child protection

35. The **Child Protection Programme** will continue to focus on building the national child protection system to prevent and respond to violence, abuse, neglect and exploitation. Taking note of a recent evaluation, UNICEF will aim for change at three levels. First, increasing institutional governance by implementing a comprehensive framework for measuring accountability to children. Second, modelling secondary and tertiary approaches that strengthen the integration of social protection to social welfare service delivery that can be replicated across the country. Finally, modelling primary prevention partnerships at family and community levels that foster a change in social norms that perpetuate violence against children, particularly girls.

36. Technical assistance to the Government will be maintained in four areas: generating reliable evidence to inform advocacy; promoting legislative and policy reform for alignment with the Convention on the Rights of the Child the Convention on the Elimination of All Forms of Discrimination against Women and other global commitments; developing a robust government-led capacity development agenda for child protection professionals; and screening and tracking budgets for enhanced public financial management for children.

37. A range of ministries will be engaged to strengthen the institutions responsible for service delivery to the most at-risk and vulnerable children. Collaboration with academic institutions will generate evidence on child protection. UNICEF will work with children and adolescents to disseminate laws and policies, promote service accountability and engage innovative platforms for participation in policy reform.

38. Persistent attitudes and behaviours that perpetuate violence against girls and boys will be tackled by modelling selected approaches to social norms. In addition, noting the particular gender dimensions of child protection, UNICEF will coordinate a child marriage prevention initiative by building on determinant analysis.

39. The programme will work closely with the UNICEF Office of Research and academics to bring cutting-edge global expertise to Indonesia. Key strategies are innovation, public-private partnerships, communication for development and working with children and adolescents as champions of their right to protection. This will give prominence to largely 'invisible' child rights violations in the national development agenda and prompt open public debate on key issues, including migrant and refugee children, child labour, institutionalization of children, child marriage and birth registration.

Social policy

40. The **Social Policy Programme** will strengthen the social protection system to reduce child poverty. Conditional cash transfers are now channelled towards the poorest families for the alleviation, rather than the reduction, of poverty. Evidence shows that providing more broad-based child grants from birth can mitigate poverty-related impacts on child development.

41. Child grants are only one element in a child poverty reduction strategy that will have to address access to and quality of services, especially for excluded children. By 2020, UNICEF will support the adoption of a reformed cash transfer system and a related implementation strategy.

42. This programme will focus on building the evidence base for policy dialogue, including research on child poverty and social protection, and modelling alternative policies and funding scenarios. The programme will support costing of child-sensitive social protection models, identification of fiscal space/budget sources, formulation of an integrated child-sensitive social protection policy and legislative reform. Strategic partnerships will be bolstered with civil society, including academia, for evidence generation and policy advice. The programme will develop a proof of concept for district-level scale up.

43. Additional focus will be placed on the generation of disaggregated data and knowledge for enhanced public transparency, accountability and financial management for children. This will promote public awareness of gaps in the equitable fulfilment of child rights, stimulate demand for the Government to address these challenges and increase demand for improved services and accountability.

44. UNICEF will support knowledge hubs on child well-being for monitoring national and international commitments, as well as modelling and scale up of innovative tools to generate data, address data gaps such as intra-urban child poverty and disabilities, capacity development for improved data collection and

analysis from national surveys, and strengthened capacity at village and district levels to identify key bottlenecks and support improved service delivery.

45. Other programme components will benefit from integration with social policy through both the child grant-based poverty approach and strengthened data for equity monitoring.

Communication and public advocacy

46. The **Communication and Public Advocacy Programme** will lead on public advocacy in support of the other programme components. It will be aligned with and complement technical and policy advice to advance expected outcomes, using a mix of strategic communication and social engagement approaches. The advocacy strategy will build on evidence and data generated throughout the country programme. This component will disseminate knowledge on the status of child rights and lessons learned from programme models in order to raise public awareness and understanding of inequities for children.

47. Capitalizing on the Coalition and the country's vibrant media landscape, in line with the UNICEF global Communication and Public Advocacy Strategy, the programme will expand its outreach through print, broadcast, digital and mobile communication platforms. These channels will be used to engage the target audiences that are most influential for pursuing policy change, as well as for addressing social norms, behaviours and practices.

48. Communication for development support will continue as a cross-sectoral function to address key harmful social norms. Approaches will include focusing on behaviour change, social mobilization at the community level, risk-informed communication to strengthen resilience, and advocacy for prioritizing these programmes in national planning and budgeting processes.

49. UNICEF, in support of the Coalition, will drive the public advocacy agenda for child rights. The programme will influence a broad cross-section of Government, faith-based and other civil society organizations (CSOs), adolescents, academia, research institutions, the media, influential individuals and the private sector (through the Children's Rights and Business Principles, CRBP).

50. The UNICEF Innovation Lab will continue to enhance effectiveness across the country programme by helping to facilitate innovative solutions to programmatic challenges.

Emergency preparedness and disaster risk reduction

51. The **Emergency Preparedness and DRR Programme** supports national commitment on the Sendai Framework for Disaster Risk Reduction 2015-2030, and the Government's work to promote strong intersectoral emergency preparedness and response in line with the UNICEF Core Commitments for Children in Humanitarian Action (CCCs), and to strengthen resilience of children, communities and systems to disasters, climate change and other shocks. The programme will strengthen existing capacity of national and subnational disaster management systems, CSOs and coordination mechanisms, employing sector line agency coordination to develop and implement DRR preparedness and response plans through the Government's sectoral

programmes. It will also highlight child vulnerabilities to be included in national and subnational risk assessments through evidence-based policy dialogue and advocacy.

52. During emergencies, the programme will oversee UNICEF humanitarian action and cluster coordination and will continue to support and strengthen the national cluster system.

53. The programme effectiveness component will support coordination and management of the country programme, including the planning, monitoring and evaluation functions, field coordination, private sector fundraising and programme-funded operations costs.

54. The country programme aligns with the priorities of the UNICEF East Asia and the Pacific Regional Office (EAPRO), to be partially implemented through the Framework Agreement for Cooperation with ASEAN, which was signed in 2014 to support the regional child rights agenda.

Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Child survival and development	3 354	42 275	45 629
Education for early childhood and adolescent development	2 766	26 520	29 286
Child protection	4 473	10 753	15 226
Social policy	5 061	10 166	15 227
Communication and public advocacy	3 379	5 229	8 608
Emergency preparedness and disaster risk reduction	1 011	2 461	3 472
Programme effectiveness	6 231	22 343	28 574
Total	**26 275**	**119 747**	**146 022**

Programme and risk management

55. The country programme is governed by a steering committee chaired by the Ministry of National Development Planning, and thereby has a high level of national ownership. A regular forum provides strategic direction to Government cooperation with the United Nations, as framed in the UNPDF.

56. UNICEF will continue to operate with a country office in Jakarta and several field offices, which contribute to the ability to achieve results for children at subnational level by influencing local planning and resource allocation. In the country's highly decentralized context, field presence is essential to ensure maximum effectiveness. In line with evaluation recommendations, field presence will be more systematically linked to evidence generation and other upstream strategies.

57. The new programme differs from previous cooperation in its increased attention to cross-sectorality and partnerships. The power of UNICEF to bring together partners for children is central to building the Coalition. Furthermore, at subnational

level, UNICEF is shifting to an issue-based, rather than area-based approach, which allows a flexible response without the restrictions of a "geographic focus".

58. Key programme risks relate to natural disasters, partners' fund channelling modalities and resource mobilization. To mitigate these risks, UNICEF and partners will regularly assess and monitor disaster risk. Fund transfers and activity implementation will be monitored through the principles of the harmonized approach to cash transfers. The programme will also have increased cooperation with CSOs, in support of the Coalition.

59. Resource mobilization trends for the country programme are expected to show an increase in private sector funds. Net private sector funds are projected to provide as much as 50 per cent of the annual programme budget ceiling by 2020, up from less than 20 per cent in 2014. This changing funding landscape presents significant implications for equity programming.

60. This CPD outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at country level. Accountabilities of managers at the country, regional and headquarter levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

Monitoring and evaluation

61. In monitoring progress, the country programme will focus on addressing barriers and bottlenecks to the achievement of results. This reflects mainstreamed principles of the UNICEF Monitoring Results for Equity System. Monitoring initiatives will benefit from contributions from the Innovation Lab to develop systematic, real-time approaches for key indicators. The programme will also build on partnerships with United Nations agencies, civil society and Government to strengthen national monitoring and evaluation systems.

62. To reduce the data collection and reporting burden, country programme outcome indicators will be monitored through national data systems, wherever possible. UNICEF will support the integration of international best practice into these systems, through alignment with the indicators and methodology of the global Multiple Indicator Cluster Survey programme. Progress against results will be systematically tracked through biannual joint reviews. An agile management approach will facilitate real-time strategic shifts that keep pace with the evolving programme environment.

63. Major evaluation activities are planned to support learning and accountability for results, as well as ongoing alignment with the national development agenda. Two major evaluations will be conducted each year, based on criteria established in the 2013 Revised Evaluation Policy. They will be conducted jointly with the Government in order to develop national capacity for evaluation. Evaluation results will inform future programme design. Key evaluations are planned on early grade learning, community sanitation and social norms.

Annex

Results and resources framework

Indonesia — UNICEF country programme of cooperation, 2016-2020

Convention on the Rights of the Child: Articles 6-7, 12, 19, 23-24, 26-30, 34, 37, 39-40, 42
National priorities: RPJMN 2015-2019

UNPDF outcomes involving UNICEF: Poverty reduction, equitable sustainable development, livelihoods and decent work; equitable access to social services and social protection; environmental sustainability and enhanced resilience to shocks; improved governance and equitable access to justice for all.

Related UNICEF Strategic Plan outcome(s): All

UNICEF outcomes	Key progress indicators, baselines and targets	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome *(in thousands of US dollars)*		
					RR	***OR***	***Total***
Child Survival and Development Programme Outcome 1: Women and children have more equitable access to evidence-based health, nutrition, WASH and HIV services and adopt appropriate care practices from pregnancy to adolescence.	1: Percentage of children aged 6-23 months who consume a minimum acceptable diet Baseline: 37% (2012) Target: 45% 2: Percentage of households practising open defecation Baseline: 22% (2014) Target: 0% 3: Percentage of fully immunized children aged 1 year Baseline: 66% (2012) Target: 80%	1: DHS 2: WHO/UNICEF JMP; RPJMN target 3: DHS, RISKESDAS	Governments and partner institutions have enhanced capacity and commitment to deliver quality services at scale to protect children from undernutrition and overnutrition. Governments and partner institutions have enhanced capacity and commitment to deliver quality services at scale around community approaches to eliminate open defecation, provision of safe water and the promotion of hygiene practices. Government and partner institutions have enhanced capacity and commitment to deliver quality basic and comprehensive maternal, neonatal and child health services, including prevention of mother-to-child transmission of HIV, at scale.	Ministry of Health; United Nations agencies; United States Agency for International Development; civil society; private sector; media; academia' SUN movement.	3 354	42 275	45 629

			Government and partner institutions have the capacity and commitment to deliver quality services at scale to control vaccine preventable diseases, malaria and HIV, including elimination of neonatal tetanus, measles, HIV, syphilis and malaria.				
Education for Early Childhood and Adolescent Development Programme Outcome 2: Increased and equitable access to quality education for the most marginalized children aged 3-18 years.	1: Number of out-of- school children aged 7-18 years Baseline: TBD (2015) Target: 50% reduction in selected districts 2: Early grade reading levels Baseline: TBD (2015) Target: 25% increase in selected schools	1: Ministry of Education and Culture 2: Learning assessment reports	Education authorities at different levels provide access to quality education from early childhood to secondary level for the most disadvantaged children. A model for improved early grade learning for remote and rural areas ready for replication.	Ministry of Education and Culture; Ministry of Religious Affairs; civil society; academia; United Nations agencies; World Bank; Department of Foreign Affairs and Trade — Australia; Ministry of Foreign Affairs and Trade — New Zealand; United Nations Girls' Education Initiative (UNGEI)	2 766	26 520	29 286
Child Protection Programme Outcome 3: Girls and boys, especially the most disadvantaged, are progressively protected from violence, exploitation, abuse and neglect by the child protection system.	1: Percentage of women aged 20-24 years who were first married by age 18 Baseline: 17% (2012) Target: 5% reduction in selected sites 2: Percentage of children aged 0-5 years who are registered at birth with civil authorities Baseline: 68% (2013) Target: 75%	1: DHS; SUSENAS 2: SUSENAS	Strengthened political commitment, accountability and national capacity to legislate, plan and budget for child protection, including in emergencies. Increased knowledge and awareness among children and their caregivers about children's right to protection from violence in all its forms and where and how to report violations.	Ministry of Law and Human Rights;, Ministry of Social Affairs; Ministry of Women's Empowerment and Child Protection; Ministry of Home Affairs; UNGEI; United Nations agencies.	4 473	10 753	15 226

Social Policy Programme Outcome 4: Key ministries have adopted an evidence-informed implementation strategy for providing child grants to reduce child poverty.	1: Evidence-informed implementation strategy for child poverty reduction in place Baseline: No (2015) Target: Yes 2: Commitment to broad-based child grants reflected in national priorities Baseline: No (2015) Target: Yes	1: RPJMN 2020-2024 2: UNICEF monitoring	Improved evidence-informed policy dialogue for child poverty reduction, based on the effectiveness of the current social protection system and the cost, affordability and impacts of alternative policy options Proof of concept for broad-based child grants established in selected districts	Ministry of Finance; Ministry of Social Affairs, Ministry of Villages Disadvantaged Regions and Transmigration, National Team for the Acceleration of Poverty Reduction, academia, civil society, World Bank	2 343	6 671	9 014
Social Policy Programme Outcome 5: Increased use of disaggregated evidence by national and selected subnational stakeholders for child-sensitive policy prioritization, delivery of quality services, and monitoring progress towards the implementation of the RPJMN, Sustainable Development Goals and Convention on the Rights of the Child.	1: Number of key children's issues reflected in the RPJMN 2020-2024 Baseline: 0 (2015) Target: TBD 2: Percentage of key child-related Sustainable Development Goal indicators monitored through national surveys or administrative data Baseline: 0 (2015) Target: TBD	1: RPJMN 2020-2024 2: National sources	Improved skills on child-centred development planning, budgeting and monitoring for selected subnational authorities, including villages Increased generation of quality data and implementation of child-centred analyses of major data sources by national government and other stakeholders.	Ministry of National Development Planning; Statistics Indonesia; United Nations agencies; subnational authorities.	2 718	3 495	6 213
Communication and Public Advocacy Programme Outcome 6: Government and non-governmental stakeholders increasingly prioritize the evidence-based realization of child rights.	1: Number of new government policies and policy changes to strengthen the realization of child rights that were promoted by UNICEF Baseline: 0 (2015) Target: 3 2: Number of advocacy initiatives rolled out by non-governmental stakeholders to	1: UNICEF monitoring 2: UNICEF monitoring	Increased use of evidence-based communication approaches to address selected social norms and behaviours. Business sector is increasingly aware of responsibility to respect child rights, and can access quality technical support and capacity-building to take	Ministry of Health; academia; civil society; private sector; United Nations agencies; media.	3 379	5 229	8 608

	address selected child rights and equity issues, that are supported by UNICEF Baseline: 0 (2015) Target: 3		action on implementing the CRBP.				
Emergency Preparedness and Disaster Risk Reduction Programme Outcome 7: Children in most at-risk areas increasingly benefit from coordinated emergency preparedness, response, DRR and climate change adaptation (CCA) efforts to build resilience to shocks and disasters.	1: Number of policies, guidance, and regulations that incorporate child-centred DRR and CCA Baseline: 0 (2015) Target: National and sectoral plans 2: Number of provincial/district disaster management plans that are child-centred Baseline: 0 (2015) Target: TBD	1: UNICEF monitoring 2: UNICEF monitoring	Improved child-centred DRR, disaster preparedness and response in accordance with the National Plan on Disaster Management and CCCs, led by stakeholders at national and subnational levels. Policies, strategy and guidance of sectors (WASH, education, child protection, health and nutrition) integrate DRR and CCA for disaster risk management, with special attention to the most at-risk children and adolescents.	National Disaster Management Agency; Ministry of Home Affairs; Ministry of Environment; Indonesian National Platform for DRR; private sector.	1 011	2 461	3 472
Programme Effectiveness Component Country programmes are designed, coordinated, managed and supported to meet programming standards in achieving results for children	1: Number of participatory annual reviews conducted during the programme cycle Baseline: 5 (2015) Target: 5	1: UNICEF monitoring	UNICEF staff and partners are provided guidance, tools and resources to effectively design and manage programmes Innovative partnerships increase resources available for child rights programming	Ministry of National Development Planning; Ministry of Home Affairs; United Nations agencies, bilateral partners, civil society; private sector.	6 233	22 343	28 574
Total resources					**26 275**	**119 747**	**146 022**

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United Nations Children's Fund
Executive Board
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8-10 September 2015
Item 4 (a) of the provisional agenda*

Country programme document

Malaysia

Summary

The country programme document (CPD) for Malaysia is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $4,270,000 from regular resources, subject to the availability of funds, and $34,750,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2016 to 2020.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2015.

* E/ICEF/2015/12.

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Programme rationale

1. The Government of Malaysia is committed to leading the process of transforming the country into high-income status by 2020 through rapid socioeconomic development and growth. Vision 2020 envisages Malaysia as a nation developed not only economically, but also in terms of social justice, political stability, system of government, quality of life, social and spiritual values, national pride and confidence.

2. An upper-middle-income country with significant cultural diversity, Malaysia is home to around 30 million people, of whom nearly 10 million are under the age of 18. More than half of children are Malay, 17.5 per cent are Chinese, 14.1 per cent belong to other Bumiputera,[1] 5.9 per cent are Indian, 3.6 per cent are non-Malaysian citizens and 1.3 per cent are classified as others. More than 70 per cent of the population lives in urban areas.[2]

3. The country is on track to meet most of the Millennium Development Goals at aggregate level, especially those related directly to children. While poverty has been virtually eliminated over the past 20 years, from 12.4 per cent in 1992 to 1.7 per cent in 2012,[3] regional and ethnic disparities remain. The state of Sabah has a poverty rate of 8.1 per cent, followed by Kelantan (2.7 per cent), Sarawak (2.4 per cent), Perlis (1.9 per cent), Kedah and Terengganu (both at 1.7 per cent).[4] The poverty rate among Malays and other Bumiputeras, the most populous ethnic group, is higher at 2.2 per cent as compared to the Indian population (1.85 per cent) or Chinese populations (0.3 per cent[5]).

4. The Eleventh Malaysia Plan, 2016-2020[6] recognizes that if Malaysia is to compete globally and become a high-income nation, beyond achieving sustained economic growth it must also focus on harnessing talent, improving well-being and enhancing inclusion. Malaysia will also need to continue to prioritize social cohesion and ensure family and community resilience against economic shocks and natural disasters.[7] Having improved the lives of many, dedicated efforts are required to reach all children, including those living in poverty, with disabilities, undocumented and stateless.

5. Malaysia ratified the Convention on the Rights of the Child in 1995 with 12 reservations, of which five remain: article 2 on non-discrimination; article 7 on birth registration; article 14 on freedom of expression; article 28 (1a) on making primary education compulsory and free to all; and article 37 on non-subjecting to torture or other cruel, inhuman or degrading treatment or punishment. To ensure that all children develop to their full potential, these reservations need to be reviewed with

[1] Bumiputera' refers to the Malays and indigenous peoples, including the natives of Sabah and Sarawak.

[2] Department of Statistics, Malaysia 2014.

[3] Economic Planning Unit, Prime Minister's Department, <www.epu.gov.my/household-income-poverty>.

[4] Ibid.

[5] Department of Statistics, Malaysia: Household income and basic amenities survey report 2012, 2013.

[6] Economic Planning Unit, Prime Minister's Department, <http://hq.lpkp.gov.my/index.php/en/15-trivia/55-rancangan-malaysia-ke-11-merupakan-rancangan-pembangunan-lima-tahun-negara-yang-ke-13>.

[7] United Nations Development Programme, Malaysia Human Development Report 2013.

Vision 2020 in mind. Malaysia ratified the Convention on the Elimination of All Forms of Discrimination against Women in 1995 with a number of reservations, all of which have subsequently been withdrawn.

6. Malaysia ratified the Optional Protocols to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography, and on the involvement of children in armed conflict in 2012. The accession to the Protocols signal the country's determination to strengthen systems and enforce existing legislation, and to step up measures at international and regional level to combat child prostitution, child pornography and sexual exploitation of children.

7. In 2010, Malaysia ratified the Convention on the Rights of Persons with Disabilities with reservations on article 15 on freedom from torture or cruel, inhuman and degrading treatment or punishment,[8] and article 18 on the right to liberty of movement and nationality. Malaysia is not a signatory to the 1951 Convention relating to the Status of Refugees and the 1967 Protocol. However, the Government provides assistance and protection on humanitarian grounds to refugees and asylum seekers on a case-by-case basis.

8. An estimated 2.6 million non-Malaysians live in the country, 451,900 of whom are children and young people aged 0-19 years. The total includes refugees, undocumented, stateless and migrant workers.[9] Fifty-four per cent of non-Malaysians live in Sabah State. There are no specific Malaysian Government social service budget allocations for these children and their families. Non-governmental organizations (NGOs), the private sector and others are the only sources of education services for these children and access to government health services is on a cost-basis, which is often a major barrier.

9. Birth certificates are essential to access health services and to enrol in public schools. In 2014, the Government announced that all births must be registered and has taken steps to improve the system. However, access barriers remain for those living in more remote areas, and there are financial challenges for some families that did not register their children and consequently have to pay a fine. There is limited publicly available data on birth registration.

10. Malaysia compares with high-income countries with regard to child mortality, with an infant mortality rate of 6.3/1,000 live births and an under-five mortality rate (U5MR) of 7.7/1,000 live births in 2011;[10] with mortality among boys slightly higher than for girls. Disparities among states have narrowed but persist: with U5MR ranging from 9.9/1,000 in Kelantan State to 5.8/1,000 in Kuala Lumpur.[11] Ministry of Health (MOH) surveys from 1993 to 2003 indicate that deaths may be underreported in Sabah State, but they do not provide an estimate of underregistration. There are differences in mortality rates between ethnic groups, with the risk of Malay newborns dying before reaching the age of one, twice as high as that of Chinese newborns.[12] Major bottlenecks to quality health for all relate

[8] Convention on the Rights of Persons with Disabilities.

[9] Department of Statistics, Malaysia, 2014 estimates; <http://pqi.stats.gov.my/searchBI.php>.

[10] Ministry of Health, <http://www.moh.gov.my/images/gallery/publications/HEALTH%20FACTS%202014.pdf>.

[11] Malaysia Ministry of Health — Vital Statistics 2014.

[12] Economic Planning Unit, Prime Minister's Department, Malaysia/UNICEF, *Profile of children in Malaysia*, 2013.

primarily to the inability to use services due to the lack of proper documents and distance to facilities, particularly in the more remote areas of Sarawak.

11. More under-five children are underweight, with the percentage increasing from 16.7 per cent in 2006 to 19.6 per cent in 2011 (National Health and Morbidity Survey). There are also significant geographic differences, ranging from less than 1 per cent in Johor to 10.1 per cent in Sarawak.[13] At the same time, Malaysia is also facing the challenge of overnutrition, with 22.5 per cent of men aged under 20 overweight (with 8.8 per cent obese), and 19.1 per cent of women under 20, being overweight (with 7.2 per cent obese).[14]

12. Malaysia is close to achieving universal primary education by 2015 with a primary enrolment rate of 94.4 per cent in 2013. Primary school completion is 96 per cent, but disparities exist among indigenous communities and at subnational level, with a 30 per cent dropout rate of Orang Asli (indigenous) children in transition to secondary education in 2012 compared with the national average of 4 per cent.[15] The difference between states with the highest enrolment rates (Penang, Perak and Selangor) and Sabah and Sarawak is between 6 to 10 percentage points.[16] Enrolment rates at lower- and upper-secondary levels have generally remained static in recent years, at 87.4 per cent and 77.9 per cent, respectively in 2013.[17] Gender parity in primary education has been reached, and girls are now performing better than boys on test scores and on transition to secondary, post-secondary and tertiary education. In addition, the tendency for boys to drop out is higher than for girls.[18]

13. The Malaysia Education Blueprint 2013-2025 focuses on improving access to education, raising standards with more emphasis on 'higher order thinking skills', bridging achievement gaps, promoting unity among students and maximizing system efficiency. Increased importance has been given to investments in preschool, bilingual education and English literacy, along with efforts to make teaching a career of choice. The Government has set the goal of being in the top third of countries participating in the Trends in International Mathematics and Science Study (TIMSS) and the Programme for International Student Assessment (PISA) by 2025.

14. School access for the most marginalized children remains a challenge. Alternative education is provided by NGOs and other development partners, especially for: children of IMM13 cardholders (citizens of the Philippines who sought political refuge in Malaysia during the Moro rebellion in the 1970s), children living on plantations, and refugees recognized by the United Nations High Commissioner for Refugees (UNHCR). The Education Act 1996 and Education Blueprint 2013-2025 guarantee the right of all children to education, however, for non-Malaysians access to the public school system is on a cost-basis. The Ministry of Education (MOE) is preparing guidelines that could lead to an alternative learning policy. However, in the absence of a national policy, many alternative learning centres are providing fragmented, low quality, education.

15. Quality preschool early learning is constrained by the fact that more than 90 per cent of teachers at private preschools lack formal early childhood care and education

[13] Ibid.
[14] *Lancet*, vol. 384, no. 9945, pp. 766-781.
[15] Malaysia Ministry of Education 2013 Annual Report.
[16] World Bank: *Malaysia Economic Monitor*, 'High performing education', 2013.
[17] Malaysia Education Blueprint 2013-2025.
[18] Ibid.

qualifications.[19] The Government has embarked on a project to raise the standard of preschool teachers through certification and training. Very few preschools or early childhood care centres offer inclusive education for children with special needs; and children are often not admitted due to challenges in physical accessibility as well as the lack of skilled teachers.

16. Children in need of special care and children with disabilities are often placed in government or NGO-run homes, or in community-based settings. NGOs are required to register and are regulated under the Care Centres Act 1993 (Amendment 2007). In 2013, there were 90 residential care NGOs and two daily care centres registered, with a population of 5,186 children.

17. Available and reliable child protection data is limited, with no population-based survey data on the prevalence of violence against children. Department of Social Welfare data (2013) indicate 4,119 reported cases of suspected child abuse, neglect and abandonment. Around 10 per cent of these children have been placed in institutions.

18. The minimum age of criminal responsibility of children is 10 years for both males and females: below the minimum age (12 years) recommended by the Committee on the Rights of the Child. While children older than 12 are treated under the same criminal justice system, the treatment of child offenders, from arrest to detention, until a trial process commences and is completed, is distinct and separate from that of adult offenders.

19. A 2013 study of mechanisms for handling children in conflict with the law, conducted by the Ministry of Women, Family and Community Development (MWFCD), highlighted the need for a coherent and integrated approach to justice for children. It recommended the development of an integrated national Juvenile Justice Reform Strategy and Plan of Action that incorporates prevention and early intervention, drawing on international standards and global best practices in the administration of juvenile justice.

20. There is a severe shortage of trained and experienced social workers who can provide professional, quality services for children and families. A 2013 report on the child protection system in Malaysia recommended professionalization of social work as a prerequisite for development of a progressive child welfare sector, and efforts have commenced to enact a Social Workers Bill to help to address this significant barrier to a more effective child protection system.

21. It is estimated that there are 800 to 1,000 child marriages each year involving children younger than 16 years.[20] It is a challenge to obtain official figures due to the multiple marriage systems in existence — civil, customary and Sharia.

22. In many communities, traditional attitudes remain about the role of children and adolescents in society, limiting their ability to realize their rights to express their views and to participate as equals in communities, schools and families.

23. In 2012, the Digital Malaysia initiative was introduced to transform the nation into a digital economy by 2020 and to encourage citizens to become producers, not

[19] 'Its good to start them early', press release, 11 November 2012: <www.pemandu.gov.my/gtp/Media_Coverage-a-It%E2%80%99s_good_to_start_them_early.aspx>.

[20] Endut, N. et al, 'The assessment of the incidences of child marriages in Malaysia and a preliminary study of their causes and consequences', 2012.

just consumers, of technology. Nearly 70 per cent of households have Internet access; and more than half of Internet users are below age 30.[21] While these investments are bringing new opportunities and resources into the lives of young Malaysians, digital risks have also emerged.

24. The flooding in peninsular Malaysia in December 2014 clearly indicated that the country is at risk from natural hazards and climate change. Despite a policy of mainstreaming climate-resilient development into national sectoral plans, this has not been fully implemented. More comprehensive guidelines and resources are required in order to move towards a disaster risk management approach.

25. A key lesson learned from the 2011-2015 country programme is the importance of moving beyond access to alternative education to ensuring access and quality. Studies of the Alternative Learning Centres being provided by NGOs and other organizations for undocumented, stateless and refugee children concluded that the educational outcomes were very limited. This was due to the absence of quality standards, limited capacity of teachers and the absence of school certification. This evidence informed UNICEF advocacy with the Government towards developing an Alternative Learning Policy, and for a priority in the 2016-2020 country programme of ensuring the improvement of teaching standards and formalization of learning centres.

Programme priorities and partnerships

26. The 2016-2020 country programme of cooperation will support Malaysia to achieve the development goals being defined in the Eleventh Malaysia Plan towards the achievement of Vision 2020. It aims to assist the fulfilment of the rights of children in Malaysia, and ensure children are able to maximize their potential to contribute to the nation's development. The programme is aligned with the draft United Nations Strategic Partnership Framework (UNSPF), and will support the mainstreaming of the Sustainable Development Goals into national policies and programmes.

27. The programme was developed with consideration of Malaysia becoming a high-income country in the next decade and the specific roles that UNICEF can play in such a context. Towards this end, a core set of strategic approaches will intersect the country programme to provide the space and flexibility for a shift towards a transformed mode of engagement.

(a) **Evidence-generation and advocacy** — promoting the generation of evidence-based data and information to identify disparities and allow for equity-focused and risk-informed programming, focusing on areas with data limitations such as birth registration, child protection and the situation of undocumented children;

(b) **Institutional capacity-building** — of Government and key civil society organizations (CSOs), particularly related to the child protection system and child rights monitoring and risk analysis, for NGOs or CSOs to provide quality education for excluded children, for the private sector to undertake ethical and efficient corporate social responsibility (CSR) initiatives, and for universities or other institutions to develop and manage research-based social and behavioural change strategies;

[21] Malaysian Communications and Multimedia Commission, *Pocket Book of Statistics, Q3 2014*.

(c) **Partnerships enhancement** — with the private sector, faith-based organizations, professional associations and research/policy institutes to support policy formulation, modelling in public finance, scale up of social welfare service provision and implementation of the Children's Rights and Business Principles, and resource mobilization for investment in children in Malaysia and internationally; and

(d) **Facilitating South-South and triangular cooperation** — including promoting the sharing of evidence-based good practices from Malaysia across the region and to other upper-middle-income countries, and ensuring a stronger focus on children in the Malaysian Technical Cooperation Programme.

28. Through the United Nations gender theme group, UNICEF will support the Government to pursue gender equality and mainstreaming within social and economic development programmes as a key strategy for reaching Vision 2020. This will include support for gender-sensitivity during programme conceptualization, in formative research and analyses, and support for strengthening the capacity for gender-disaggregated data collection and analysis. A focus on results for adolescents (aged 10 to 18) will cut across programmes, providing support for policies and age- and gender-appropriate interventions. UNICEF will also harness the potential of innovation and technology to support the meaningful engagement and participation of adolescents in decision-making and their own development.

29. While the programme will operate nationwide, particularly through support for evidence generation, policy and strategy formulation and operationalization, a specific focus will be on the eastern states that have the highest disparities.

30. The country programme will be operationalized through three multisectoral components; each of which contributes to the seven UNICEF Strategic Plan 2014-2017 outcomes.

Enhanced child and adolescent well-being

31. UNICEF will support actions towards strengthening national policies, institutional capacities and the delivery of quality social services that enhance child and adolescent well-being and enable them to survive, thrive and develop to their full potential, unexpected shocks and stresses notwithstanding.

32. UNICEF will provide technical assistance to support the strengthening of Government capacity to collect and analyse education data, and develop strategic plans to improve educational outcomes for children and achieve the goal of ensuring that by 2025 Malaysia is in the top third of countries participating in PISA and TIMSS.

33. UNICEF will advocate for, and build capacity of Government and civil society partners to promote the expanded provision of age-appropriate, quality early learning opportunities for children with disabilities, including long-term research-centred modelling of options and benefits of early childhood education. Building on the experiences from the UNICEF-supported programme of NGO provision of basic education to refugee children in Sabah, a major focus will be assisting the Government, NGOs and the private sector to make basic education more accessible for refugee, stateless and undocumented children, including those living on palm oil plantations. Technical assistance for development of curricula and strategies to improve the quality of teachers in community schools, along with experience-

sharing in alternative and mother-tongue language education from other countries, will be provided.

34. Technical assistance will be provided to support the acceleration of Malaysian Government efforts to provide safe access to a high quality, comprehensive and well-coordinated child protection system with a focus on prevention of and response to violence against children, including during emergencies. UNICEF will continue to promote professionalization of social workers through capacity development to strengthen case management and appropriate family support interventions. Building on the recommendations from a 2013 study of mechanisms for handling children in conflict with the law in Malaysia, conducted by the MWFCD, UNICEF will continue to advocate for, and subsequently provide high quality technical assistance for the development of an integrated national Juvenile Justice Reform Strategy and Plan of Action that incorporates prevention and early intervention measures.

35. To overcome data limitations and inadequate monitoring systems, UNICEF will support evidence-generation and the introduction of a digitalized management information system for child protection case management and programme decision-making. UNICEF will continue to promote the professionalization of social workers, focusing on their capacity for early identification of at-risk children and families and for case management to ensure timely, appropriate family support interventions. UNICEF will support research on the knowledge, attitudes and practices of families, caregivers and communities in relation to violence, abuse and neglect, stigma and discrimination and the development of culturally appropriate social and behavioural change strategies to address the findings.

36. UNICEF will advocate for policies and an enabling environment that encourages and promotes birth registration for all children in Malaysia, irrespective of legal status and residence. UNICEF will support access to best practices in the use of technology in birth registration and provide technical assistance for mapping of unregistered children. Additionally, UNICEF will assist Malaysia to achieve its national birth registration targets by 2024, as agreed in the Regional Action Framework on Civil Registration and Vital Statistics (CRVS) endorsed by the Government during a Ministerial Conference on CRVS in November 2014.

37. To support the Government to address the increasing double burden of malnutrition among young children, UNICEF will provide high quality technical expertise and facilitate knowledge sharing, focusing on the first 1,000 days before a child turns 2, including the mother's pregnancy, and including maternal nutrition and infant and young child feeding practices, in line with the National Nutrition Policy. UNICEF will advocate for improved implementation of the International Code of Marketing of Breast-milk Substitutes and enhanced nutrition-friendly legislation, standards and policies.

38. Towards reversing the increasing levels of obesity and associated non-communicable diseases, UNICEF will support the generation of evidence to focus greater attention on improving nutritional and dietary practices, and the development of communication strategies to promote healthy eating. A specific emphasis will be on improving the nutritional value of food available at schools, including the development of policies and guidelines for healthy foods and drinks supplied in school canteens, and strengthening partnerships with the private sector on food-labelling standards.

39. During the first half of the country programme, UNICEF will collaborate with other United Nations agencies and partners to support studies and research on adolescents in Malaysia, including generating real-time data and other innovative methods to engage adolescents and inform future programming.

Social inclusion and disparity reduction

40. UNICEF will support efforts to strengthen the commitment to an environment for promoting child-centred social inclusion, disparity reduction and resilience.

41. Through sharing of experience from other upper-middle as well as high-income countries, UNICEF will continue to promote enhancement of the Government's integrated social protection systems, including child-sensitive cash and social transfer programmes. UNICEF will link vulnerable children, including those with disabilities, to key basic services including health, education, social welfare and early childhood development, building resilience against unexpected shocks, including food, fuel and financial crises and natural disasters.

42. UNICEF will promote strengthening the child focus of budgeting and public financial management, aiming to ensure adequate resource allocations to social protection, risk reduction and child-centred development, particularly for the most disadvantaged and vulnerable children. Specific assistance will be provided to increase the capacity of Government and academic institutions to develop and monitor social investment in children, and to produce and analyse reliable and disaggregated statistics on children and women, including the use of multidimensional child poverty methodologies. UNICEF will partner with the Public Expenditure Management Network Asia-Pacific to share good practices on public finance management and social budgeting for children and young people and to build the capacity of government agencies and other stakeholders in Malaysia.

43. Multi-stakeholder partnerships will be strengthened with universities, research institutions, the private sector and youth organizations to conduct studies and research on the mental and physical health of children and adolescents and promote collaboration and partnerships across the Association of Southeast Asian Nations to enhance their well-being.

44. In response to the increasing regularity and severity of natural disasters such as flooding and their impact on children, UNICEF will advocate for child-centred disaster risk reduction to be mainstreamed across national and subnational development plans and, under the UNSPF, jointly support capacity strengthening efforts by the United Nations system at federal and state levels.

Enhanced engagement and partnerships for child rights

45. UNICEF will strengthen collaboration and will seek to enhance capacities, partnerships and engagement with CSOs for child rights advocacy, engagement and monitoring, and for mobilization of national resources for all children in Malaysia consistent with the country's growing international development agenda.

46. UNICEF will reach out to opinion leaders, religious and community leaders, CSOs, children and adolescents and the media to further promote a child-centred approach to sustainable development as an essential precondition for the achievement of Vision 2020. Partnerships with traditional and social media will be expanded to enhance ethical, responsible and responsive reporting and commentary

on children's development, challenges and opportunities. Specific collaborations will be accelerated to promote national dialogue on child-friendly social norms and for community-level monitoring of child rights.

47. Using digital and traditional media, UNICEF will seek to inspire individuals and communities to act in the best interests of children. In the spirit of South-South cooperation, UNICEF will facilitate experience-sharing between other countries on how to best prepare young Malaysians for a technologically driven society, and support initiatives to create safer digital and technology usage for children and adolescents.

48. The potential of Malaysian universities and other institutions to become regional centres of excellence for social and behavioural research and strategy development, for example in the area of social innovation, will be explored and supported.

49. A three-pronged approach to promote private sector engagement will be accelerated: (a) influencing the internal and external operations of businesses and building their capacity to translate the Children's Rights and Business Principles into tangible actions, including support for internal CSR and sustainability policies such as due diligence guidelines; (b) promoting the application of CSR as a process towards achieving results for children, particularly in relation to provision of quality basic education, and; (c) mobilizing in-kind resources from the private sector in the form of technical expertise, technological applications, research and marketing, among others.

50. UNICEF will continue to engage with the Malaysian public, the private sector and the Government to mobilize financial resources to support the realization of child rights in Malaysia and other countries, including funding for humanitarian crises. UNICEF will aim to increase funding from the Malaysian public and private sector, which reached nearly $11 million in 2014.

Programme effectiveness

51. Programme effectiveness will support all activities related to efficient and effective programme, financial and human resources management in support of the three programmatic components, along with monitoring and evaluation. Technical assistance, human resources and operational costs will be supported through this component.

Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Enhanced child and adolescent well-being	1 500	5 000	6 500
Social inclusion and disparity reduction	2 000	5 000	7 000
Enhanced engagement and partnerships for child rights	270	20 500	20 770
Programme effectiveness	500	4 250	4 750
Total	**4 270**	**34 750**	**39 020**

Programme and risk management

52. The Economic Planning Unit (EPU) of the Prime Minister's Department will serve as the main coordinating body for the management, implementation and monitoring of the country programme. The contribution of UNICEF to the UNSPF will be monitored under the National Steering Committee, co-chaired by the designated authority of the Government of Malaysia and the United Nations Resident Coordinator, and supported through participation in United Nations Theme Groups and UNSFP Outcome Working Groups, which will also promote collaborative programming.

53. Private sector fundraising will serve as the major source of financial resources for the country programme, supplemented by UNICEF core resources and an annual contribution from the Government.

54. The major risk to the achievement of the country programme's results for children is in relation to macroeconomic stability and the value of local currency, which could have an impact on government prioritization of child rights as well as the targets for local private sector fundraising. The risk to fundraising is mitigated through the high proportion of income from long-term individual donors who have proven resilient in multiple countries during recent years of economic turmoil. This will be further managed through the development of a strategy to increasingly diversify income over a wider range of channels. Natural disasters, particularly regular flooding in eastern Malaysia, may affect the achievement of results by disrupting services and refocusing government priorities. The major mitigating actions will be providing support to emergency preparedness and longer-term disaster risk reduction and community resilience through joint United Nations system initiatives.

55. This country programme document outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at country level. Accountabilities of managers at the country, regional and headquarter levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

Monitoring and evaluation

56. In addition to the five-year joint country programme action plan, rolling multi-year workplans will be developed and may be revised as a consequence of annual reviews, evaluations and changes in the situation of children. In addition to the Costed Evaluation Plan, a five-year Integrated Monitoring and Evaluation Plan will guide detailed monitoring and evaluation of the relevance, effectiveness, efficiency and sustainability of the country programme.

57. Two major evaluations will be undertaken. The first will examine the role and engagement of the private sector in the promotion and protection of child rights in Malaysia; and the second will be a full evaluation of the country programme. These two analyses will contribute to the evidence-base for the discussions on the post-2020 role of UNICEF in Malaysia.

58. Systematic monitoring of the situation of children, and of the bottlenecks and barriers constraining the realization of child rights, will be key elements of the monitoring and evaluation framework. UNICEF will collaborate with the national authorities to improve the generation of quality, disaggregated data to inform the development of policies and strategies that ensure disparity reduction and social inclusion. In addition, UNICEF will also provide the Government with joint support to strengthen national social sector monitoring systems, with an emphasis on the use of innovative approaches and technology for real-time and disaggregated data collection and analysis.

Annex

Results and resources framework

Malaysia-UNICEF country programme of cooperation, 2016-2020

Convention on the Rights of the Child: Articles 3, 6, 18, 23-29, 37 and 39 **National priorities:** Eleventh Malaysia Plan, 2016-2020: Thrust II - Improving Well-being and Thrust III - Human Capital Development							
UNSPF outcomes involving UNICEF: Outcome 1: Malaysia is designing and implementing effective policies and initiatives for eradicating poverty and deprivation in all its forms, increasing inclusion and resilience of the poorest 40 per cent and reducing economic and gender inequality gaps; and improving delivery of basic services and harnessing the benefits of development for the people (UNSPF pending finalization). **Outcome indicators measuring change that includes UNICEF contribution:** (To be established)							
Related UNICEF Strategic Plan outcome(s): 1-7							
UNICEF outcomes	**Key progress indicators, baselines and targets**	**Means of verification**	**Indicative country programme outputs**	**Major partners, partnership frameworks**	**Indicative resources by country programme outcome** *(in thousands of United States dollars)*		
					RR	**OR**	**Total**
Enhanced child and adolescent well-being 1. By 2020, all children in Malaysia benefit from strengthened national policies, quality social services and capacities that enhance well-being and enable them to survive, thrive and develop to their full potential.	Level of compliance of the child justice system with international standards/guidance which Malaysia has committed to. Baseline: TBC Target: TBC Percentage reduction in proportion of children aged 2-14 who experience violence, abuse and neglect. Baseline: TBD Target: 10% reduction Ranking of Malaysia in international benchmarks (PISA, TIMMS) Baseline: Target: TBC	Laws, policies, information from Ministries, Committee on the Rights of the Child periodic reports Surveys PISA and TIMMS reports	1.1 Government, civil society and private sector have increased capacities and provide comprehensive and well-coordinated prevention and response services to children and families at risk, or victims of violence, abuse and exploitation. 1.2 By 2020, increased commitment and action by Government, schools and private sector to improve nutrition and healthy eating practices of children in Malaysia.	National MWFCD; MOE; Attorney General's chambers; Royal Malaysian Police; Bar council; Judiciary UNHCR Malaysia; MOH; National Security Council; National Population and Family Development Board Subnational State governments Federal Special Task Force	1 500	5 000	6 500

	Percentage of children who complete five years of secondary education Baseline: Total/M/F Target: Total/M/F Proportion of undocumented, refugee and stateless children attending formal learning classes. Baselines and targets for each category to be established.	Education Management Information System MOE annual reports	1.3 National secondary education outcomes improve in relation to international benchmarks and standards. 1.4 Increased provision of quality education for undocumented, refugee and stateless children and children with disabilities.				
Convention on the Rights of the Child: Articles 3, 12-13, 17-18, 26-27 and 30-31 **National priorities:** Eleventh Malaysia Plan, 2016-2020: Thrust I - Enhancing Inclusiveness and Thrust III (as above)							
UNSPF outcomes involving UNICEF: Outcome 2: Malaysia adopts and implements policies to ensure universal access to quality education, universal health coverage and employment services for vulnerable groups and communities, including people with disabilities, women, children, youth, the aging population, people living with HIV, and the labour force, and the establishment of a comprehensive management system of the stateless, legal/illegal migrants, victims of human trafficking and refugees. (UNSPF pending finalization) **Outcome indicators measuring change that includes UNICEF contribution:** (To be established)							
Related UNICEF Strategic Plan outcome(s): 1-7							
Social inclusion and disparity reduction 2. By 2020, strengthened commitment and environment promoting child-centred social inclusion, disparity reduction and resilience.	Percentage of children living in households under the national poverty line. Baseline (2014): TBC Target: % reduction per year - TBC Child-sensitive and coordinated social protection system adopted and operationalized Baseline: TBC Target: TBC	Household income survey report (biannual) Government reports	2.1. Increased capacity of Government and academic institutions to plan, implement and monitor child-focused outcome-based budgeting, and produce, analyse and use disaggregated data and evidence on children. 2.2 Strengthened child-sensitive and coordinated social protection system.	National EPU; - Ministry of Finance MWFCD; MOE; Attorney General's chambers; Royal Malaysian Police; Bar council; Judiciary; UNHCR Malaysia; MOH; National Security Council Subnational State governments	2 000	5 000	7 000

Convention on the Rights of the Child: Articles 12-13, 15, 17 and 31 **National priorities:** Eleventh Malaysia Plan, 2016-2020: Thrust II - Improving Well-Being							
UNSPF outcomes involving UNICEF: Outcome 4: Increased contributions by Malaysia, both directly and indirectly, to regional and global development, health, peace and security as well as humanitarian aid and response through South-South and triangular cooperation and global development cooperation goals as set out in the Sustainable Development Goals. (UNSPF pending finalization) **Outcome indicators measuring change that includes UNICEF contribution:** (To be established)							
Related UNICEF Strategic Plan outcome(s): 1-7							
Enhanced engagement and partnerships for child rights 3. By 2020, enhanced capacities, partnerships and engagement for child rights fulfilment and monitoring, and for mobilization of national resources for all children.	Number of companies that incorporate elements of CRBP Baseline: 1 Target: 5 Number of regional and global forums where Malaysia promotes children's rights PSF net income Baseline: $11 million (2014) Target: 10% annual increase	Survey report Annual reports from business associations Reports on forums Private sector fundraising income report	3.1 The Malaysian private sector is aware of its responsibility to respect children's rights, and access quality technical support and capacity for taking action on implementing the CRBP. 3.2 Strengthened capacities of CSOs to monitor child rights. 3.3 Regional and global leadership on promotion of child rights by Malaysia is increased. 3.4 Increased private sector fundraising income for UNICEF programme in Malaysia, regionally and globally.	National MWFCD; Department of Social Welfare Royal Malaysian Police MOE MOH NGOs/CSOs	270	20 500	20 770

Programme effectiveness							
Programme efficiency and coordination	Percentage of country programme outcomes and outputs that are annually reported as either on track or achieved Outcomes: Target: Over 75% Outputs: Target: 100% Percentage of evaluation recommendations implemented, closed and reported within 12 months of uploading Target: 100%	Annual review reports Internal reporting database Reports from headquarters			500	4 250	4 750
External relations and communication	Visibility of the work of UNICEF Malaysia is increased through media and public advocacy, events and campaigns Target: Two multi-stakeholder events per annum	Campaign and media reports and coverage					
Total resources					**4 270**	**34 750**	**39 020**